



# 2022 FIRST RESPONDER NEEDS ASSESSMENT

---

PREPARED BY BALCER CONSULTING

COMMISSIONED BY NORTHERN MICHIGAN  
FIRE CHIEFS ASSOCIATION AND  
MICHIGAN RURAL EMS NETWORK



# Contents

- Acknowledgements** .....2
  - Collaborators** .....2
  - First Responders** .....2
  - Funders** .....2
  - Project Partners** .....2
  - Next Steps** .....3
- Executive Summary** .....4
- Methodology & Participants** .....5
- Challenges** .....7
- Recruitment and Retention** .....9
- Training and Education** .....15
- Operations** .....22
  - Quality Assurance and Improvement** .....23
  - Dispatch Characteristics** .....24
- Behavioral Health** .....25
  - Impact of Mental Health and Substance Use Disorders** .....26
  - Response to Opioids** .....29
  - Critical Stress Among First Responders** .....30
- APPENDIX** .....34



# Acknowledgements

## Collaborators

- NMFCA Board of Directors
- MiREMS Board of Directors
- Linda Stone, Executive Director, NMFCA
- Leslie Hall, Executive Director, MiREMS
- Jeanette Dorh, Program Manager, MiREMS
- Kay Balcer, MiREMS Contractor, Balcer Consulting and Prevention Services
- Ryan Rank, Contractor, NMFCA
- Shelly Hamilton, Business Manager, MiREMS

## First Responders

We owe our deepest appreciation to the 441 first responders who participated in the Michigan Emergency Services Survey, and the 380 fire and EMS leaders who completed the Michigan First Responder Department Profile. This needs assessment is a result of your time and thoughtful responses.

*Thank you!*

## Funders

This needs assessment was conducted to address objectives of two federally funded grant projects serving rural Michigan.

**SAFER Grant Program:** The staffing needs assessment and report were funded through the Staffing for Adequate Fire and Emergency Response (SAFER) Grant Program, US Fire Administration, Federal Emergency Management Agency, Department of Homeland Security. (Award EMW-2018-FF-00268 and EMW-2020-FF-01823).

**Rural Healthcare Outreach Grant, Federal Office of Rural Health Policy:** This report was supported in part by the Health Resources and Services Administration, U.S. Department of Health and Human Services as part of an award totaling \$800,000 with 0% percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. Government.

## Project Partners

The focus of **Michigan Rural EMS Network** is to provide support to Michigan rural emergency medical response agencies. In 2008, two Michigan counties came together to form the Huron-Sanilac EMS network. Over the next three years, the nine EMS agencies in these counties worked together to address recruitment and retention issues in the region. Due to the success of the two county initiative, leaders expanded efforts to become a state-wide initiative. This resulted in the development of the Michigan Rural EMS Network (MiREMS). MiREMS was incorporated and was approved for 501(c)(3) nonprofit status in September 2012. Through ongoing needs assessments and feedback from members, MiREMS develops programs and initiatives to fulfill its mission to meet the needs of rural first responders.



The purpose of the **Northern Michigan Fire Chief's Association (NMFCA)** is to provide a forum to improve the professional standards and leadership of all Fire Departments in Northern Lower Michigan. Association members focus on promoting the advancement of fire prevention, fire safety, fire suppression, emergency medical services, and other fire service related services for the preservation of life and property. The geographic area of the Association is the northern portion of the lower peninsula of the State of Michigan which includes all counties and/or municipalities in the geographic area north of US-10, east of US-127, and north of M-46.

In 2018 through shared leadership, MiREMS and NMFCA established a partnership to address common goals. The collaboration was based on three core beliefs:

- Rural first responders have unique challenges.
- Individual fire and EMS departments have limited resources and capacity due to low call volume and/or part time/volunteer personnel structures.
- The link between fire departments and EMS is important to improving patient outcomes, reducing property damage, and increasing the health and safety of first responders.

## Next Steps

**Dissemination of Needs Assessment:** This report will be made widely available online through partner websites: [www.MiREMS.org](http://www.MiREMS.org) and [www.michiefs.org/NMFCA](http://www.michiefs.org/NMFCA) . Additional charts and data will be available upon request and included in presentations at meetings and conferences. Fact sheets will be available in alignment with marketing efforts and to raise awareness of the critical issues facing first responders in Michigan.

**Local Use of Data:** Project partners encourage local fire and EMS agencies to utilize the data in this report to guide their own efforts. The publication includes regional reports that are concise and easy to download or print for local use. The needs assessment can serve as a launch pad for further conversation and exploring the unique challenges faced by individual departments. Upon request, local reports from individual counties or smaller regions may be prepared. The ability to run reports for smaller regions will depend on the number of responses. Local departments are also able to request assistance from the MiREMS Field Office Coordinator by email at [fieldoffice@mirems.org](mailto:fieldoffice@mirems.org)

## Continued Dialogue

Dialogue about the needs assessment is an important step in addressing local challenges. During preliminary data analysis, discussions were held in various settings including meetings of the Northern Michigan Fire Chiefs Association and the Michigan Rural EMS Network. Conversations have begun with staff in the EMS Division of the Michigan Department of Health and Human Services and the Michigan Center for Rural Health. NMFCA and MiREMS looks forward to the ongoing dialogue that will draw attention to the challenges and provide multiple avenues for collaboration and development of strategies to meet the needs of first responders in the region.



## Rural Michigan Highlights

- 90% of rural managers identified recruitment of new personnel or volunteers as a major or moderate challenge.
- According to Department Profile data, 28% of rural departments (fire and EMS) experienced a net loss in personnel in the last year which is up from 23% in 2019. 16% had no change in 2022. Time, lack of interest, and low pay were the top three recruitment barriers.
- 22% of rural first responders indicate they will provide services for less than five more years.
- 73% of rural departments indicated they had an assigned person for training. Of those, 77% said that the individual spent less than 5 hours a week on training.
- Top four training topics of interest for rural departments were disaster/emergency preparedness, farm safety/ag rescue, response to suicide calls, and defensive tactics.
- 82% of rural first responders in the survey indicated seeing an increase in mental health calls and 79% an increase in substance use calls.
- Less than 50% of rural first responders indicated that their training prepared them well for mental health calls and only 30% indicated feeling well prepared to respond to family or friends of a patient at a suicide call.
- 74% of rural respondents felt prepared for an opioid overdose and 54% for other substance use treatment.
- 84% of rural survey respondents were interested in at least one training related to behavioral health topics.
- 74% of rural survey respondents reported experiencing critical stress (up from 64% in 2019). 19% had thought about suicide (up from 14% in 2019).
- Of rural respondents who experienced critical stress, PTSD, or suicidal thoughts, only 50% sought help (increase from 45% in 2019).



In 2019, Rural EMS Network (MiREMS) began work on a project to assess the needs of fire and EMS agencies in northern lower peninsula of Michigan. Feedback on preliminary results and potential strategies was obtained through a variety of meetings. The Needs Assessment focused on thirty-six counties in the primarily rural northern region of the lower peninsula. The initial assessment completed in August 2020 was utilized to identify challenges and obtain FEMA assistance to address recruitment and retention challenges. A follow up assessment was conducted in 2022 to assess impact and continued need.

Department Profiles and First Responder Surveys were distributed largely by email and posting online. Some copies were distributed at meetings or through personal contact with departments. Department profiles were distributed across Michigan to capture data from rural and nonrural counties for comparison purposes.



Department profiles were completed by 380 department; 193 indicated service in a fully rural county. Of the rural departments, 24% provided fire suppression only, 45% provided fire suppression and medical first response (MFR), 13% provided both fire suppression and transport EMS, and 18% provided EMS Transport only. 81% of the rural departments reported being volunteer departments. Out of 83 counties, 82 had at least one completed profile.



Of the 441 first responders who completed the Michigan Emergency Services Survey, 235 or 53% indicated that their primary service area was in a rural county. Of the rural providers, 60% reported working in a volunteer department. Longevity with departments was high for rural respondents with 23% reporting 10-19 years of service, 30% 20-29 years of service, and 31% reporting more than 30 years of service.

Topics covered in the Department Profile and survey included recruitment and retention of personnel, training and education, emergency response related to the impact of mental health and substance use disorders, critical stress among first responders, quality assurance and improvement, and emergency dispatch.

The full report is available at [www.michiefs.org/NMFCFA](http://www.michiefs.org/NMFCFA) or [www.MiREMS.org](http://www.MiREMS.org). Next steps for the collaborative project include establishing regional field offices, completing an extensive marketing campaign, offering training programs that meet identified needs, and assisting departments with their recruitment and retention needs. Data from the needs assessment will guide marketing efforts and technical assistance provided by various state and regional organizations.

# Methodology & Participants

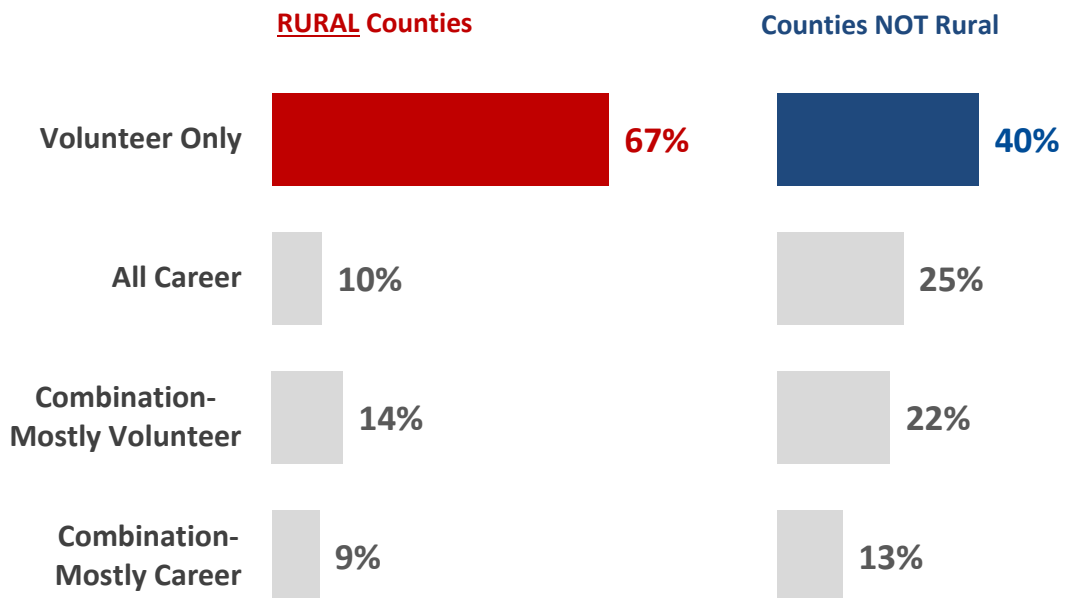
The 2022 Michigan First Responder needs assessment used a convenience sampling of individuals. All individuals who had opted out of online surveys via the automatic email process in [www.surveymonkey.com](http://www.surveymonkey.com) were only sent paper surveys. Those who were emailed a survey were offered an opt-out of future emails.



*This blue icon is used throughout this report to indicate data that was collected on the Department profile.*

**Michigan First Responder Department Profile:** The Department Profile utilized in a 2019 Needs Assessment was modified only slightly in order to enable comparison between data collection cycles. The Department Profile was made available via an online link, a downloadable paper version, and paper copies. Contact information was obtained from a variety of public sources such as the Michigan Fire Marshall online directory and the Licensing and Regulatory Affairs Division. Public contact information was supplemented by contact information from the 2019 assessment and mailing lists of project partners. The department profile was distributed over a 6 month period to departments in Michigan. Personal connections were leveraged, and drawings were used to increase return rates. A total of 380 Department profiles were completed with 193 indicating service in a fully rural county. Rural counties were identified utilizing the U.S. Health Resources and Services administration’s Rural Eligibility Analyzer. Of the rural departments, 24% provided fire suppression only, 45% provided fire suppression and medical first response (MFR), 13% provided both fire suppression and transport EMS, and 18% provided EMS Transport service only. In rural counties, 81% of departments reported being volunteer departments. Regional reports included in this document show that some rural regions have up to 85% of departments identifying as volunteer only. Out of 83 counties, 79 were represented with at least one department profile. Some departments indicated that they served multiple counties.

## Rural departments are much more likely to rely on volunteer personnel.

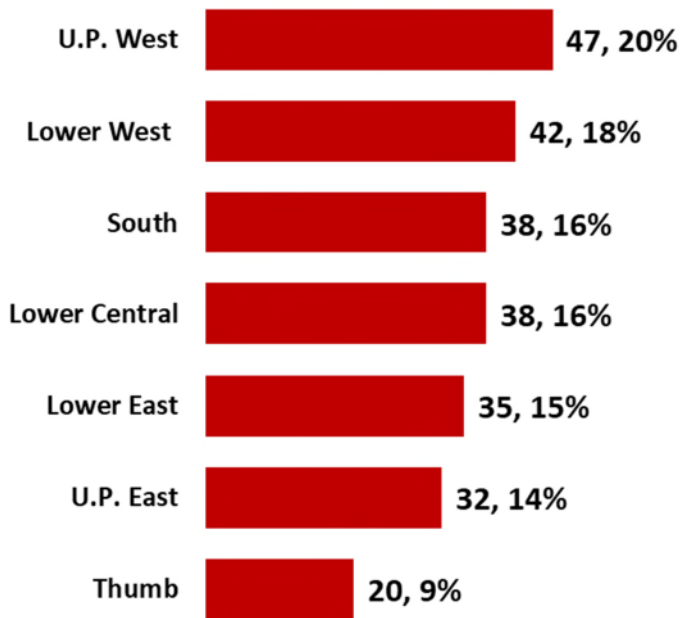




*This red icon is used throughout this report to indicate data*

**Michigan Emergency Services Responder Survey:** The First Responder Survey utilized in 2019 was modified only slightly in order to enable comparison between data collection cycles. The survey instrument included fire and EMS related questions and was made available via an online link, downloadable paper version, and paper copies. Distribution began with an email announcement and online link and requests for fire chiefs and EMS managers to distribute to personnel. Paper surveys and the online link were also distributed at meetings. The survey was available throughout the entire state in order to collect data for comparison of needs between regions and rural/nonrural departments.

**% of All RURAL Participants by Region**



The survey was distributed over a six-month period. Of the 441 first responders who completed the Michigan Emergency Services Survey, 235 or 53% indicated that their primary service area was in a rural county. Of the rural providers, 46% reported working in a volunteer only department and 14% a mostly volunteer department. Longevity with departments was high for rural respondents with 23% reporting 10-19 years of service, 30% 20-29 years of service, and 31% reporting more than 30 years of service.

**Analysis & Limitations:** Tools including filtering and comparison analysis, available via the [www.surveymonkey.com](http://www.surveymonkey.com) online platform, were used to analyze all data. For the



Department Profile



Responder Survey

Overall response rates and the number of surveys collected is sufficient to draw general conclusions about state, rural, and regional needs. Disaggregation of data was limited due to smaller size of subgroups. As a self-selected sample, the respondents may also have some inherent characteristics or biases that would make them more likely to complete a survey or department profile. Although clear, concise directions were provided questions still may have been subject to interpretation by the participants. For example, volunteer and career are defined differently, not only by individuals but by organizations. Limitations related to comparing results include different departments in each sample of participants and difficulty drawing cause effect conclusions within the context of many variables.




# Challenges Rural Michigan



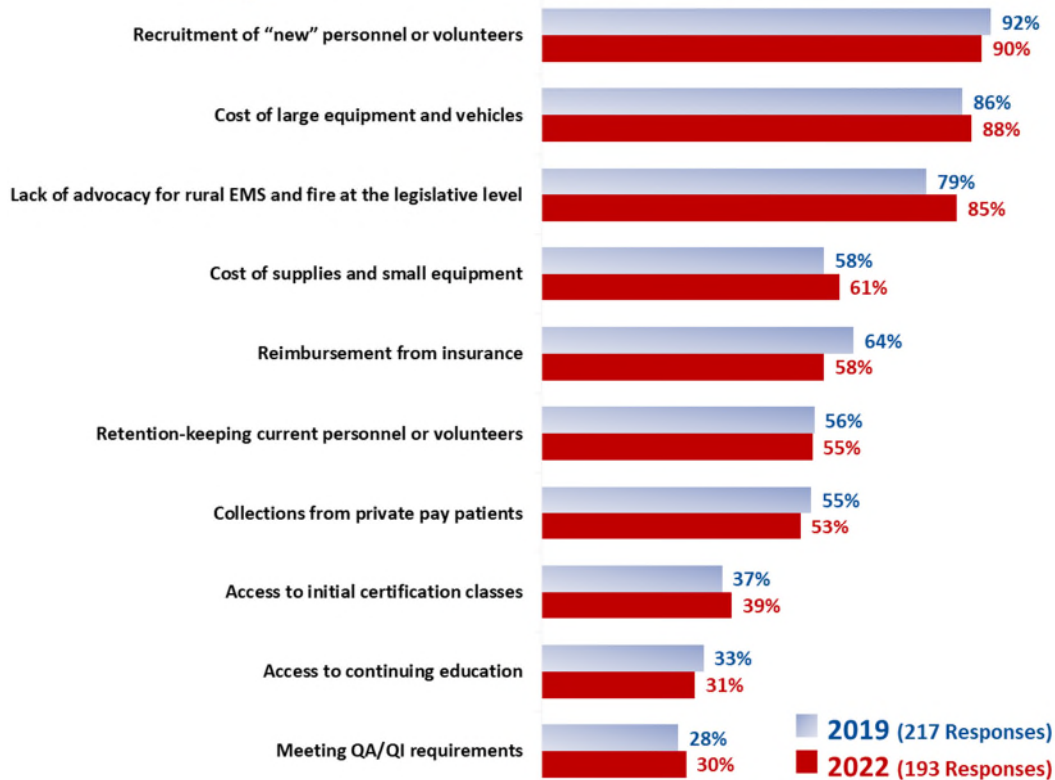
Blue Counties- RURAL

Michigan Rural EMS Departments face numerous challenges. Individuals who completed department profiles were asked to rate common challenges on a four point rating scale. In addition to the choices provided, participants were allowed to list additional challenges.

 RURAL Counties-2022	% Major or Moderate Challenge	4-Major Challenge (if applies)	3-Moderate Challenge (if applies)	2-Minor Challenge (if applies)	1-Not a Challenge (if applies)	N/A	Average Score
Recruitment of "new" personnel or volunteers	90%	65%	25%	7%	3%	0%	3.52
Cost of large equipment and vehicles	88%	63%	25%	10%	2%	0%	3.49
Lack of advocacy for rural EMS and fire	85%	48%	37%	13%	2%	6%	3.31
Cost of supplies and small equipment	61%	24%	36%	26%	13%	0%	2.72
Retention-keeping current personnel or volunteers	58%	31%	27%	31%	12%	0%	2.63
Access to initial certification classes	55%	17%	38%	35%	10%	2%	2.31
Reimbursement from insurance	53%	24%	29%	34%	13%	37%	2.77
Access to continuing education	39%	15%	24%	38%	23%	2%	2.08
Collections from private pay patients	31%	10%	21%	35%	34%	48%	2.64
Meeting QA/QI requirements	30%	9%	21%	33%	37%	17%	2.01



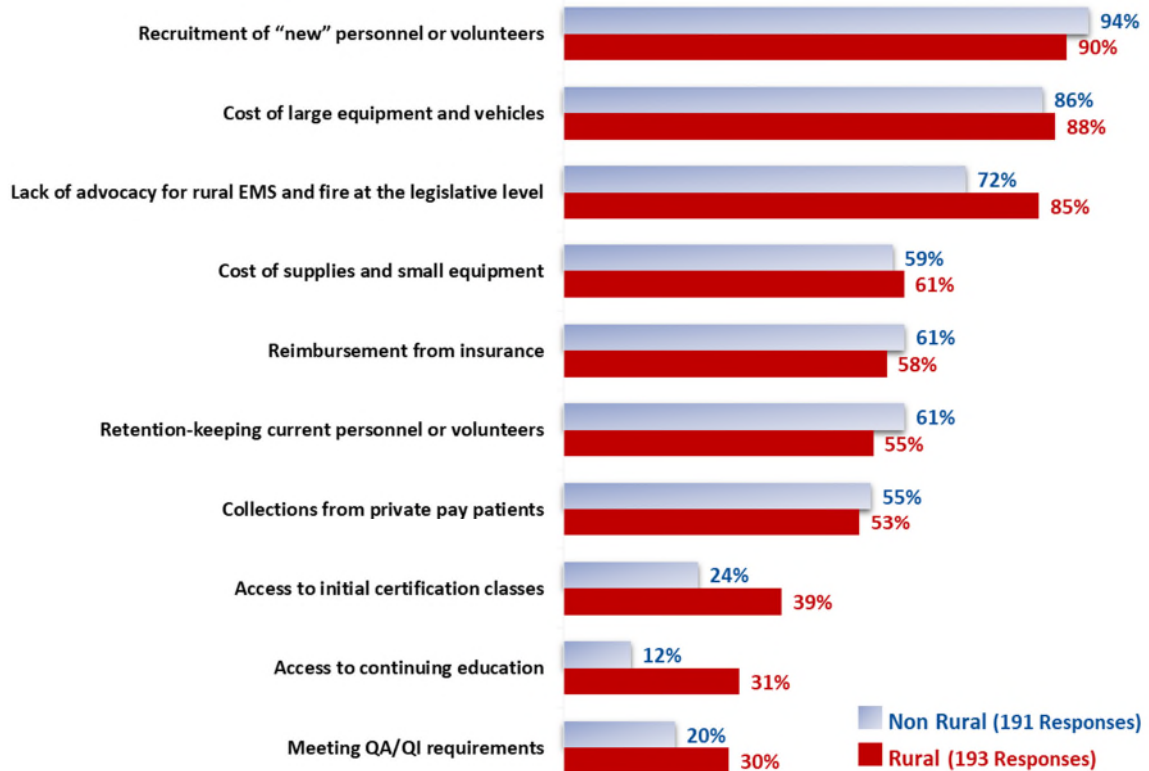
% indicating Major or Moderate Challenge- RURAL



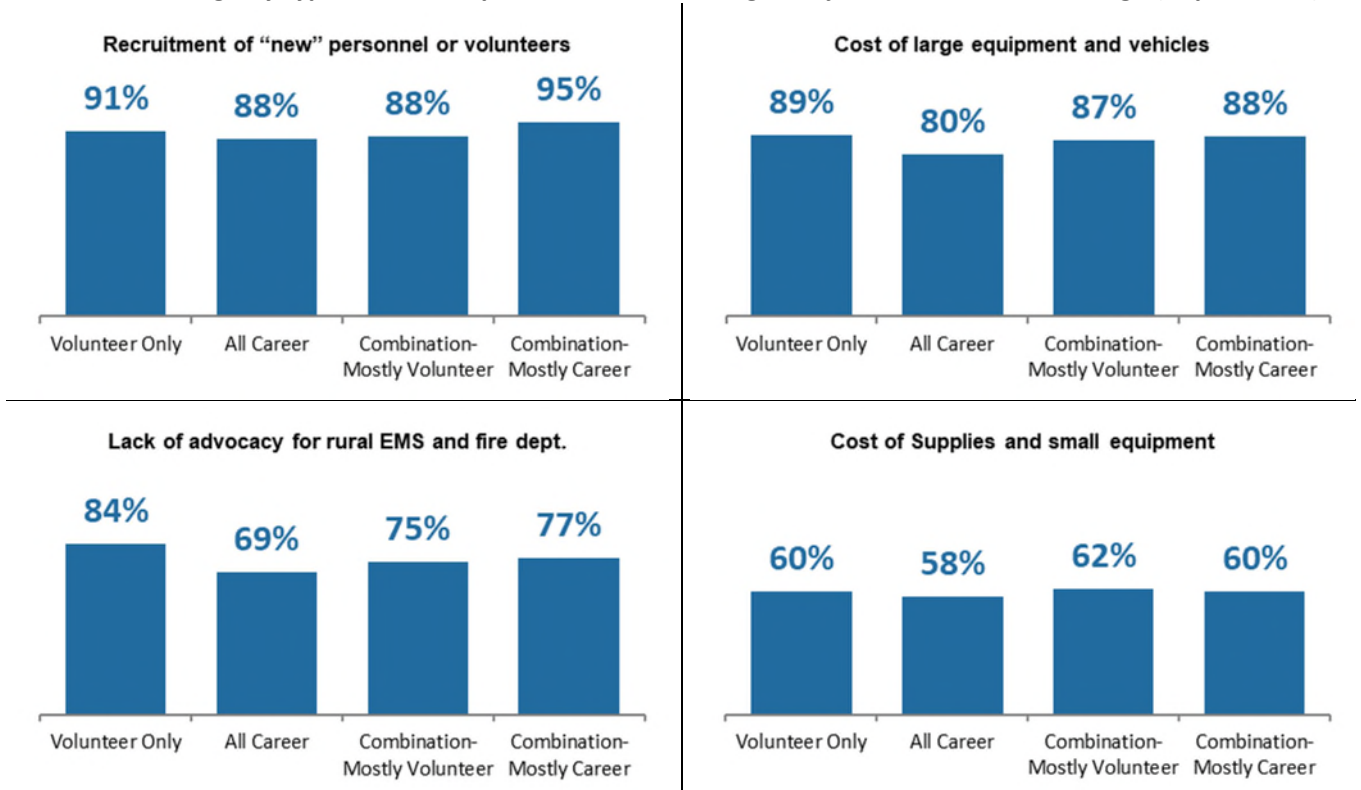




### % indicating Major or Moderate Challenge-2022



### Challenge by type of Rural Department: % Indicating a Major or Moderate Challenge (Top 4 Issues)



## Recruitment and Retention

Many factors influence the ability to recruit and retain emergency service personnel. Recruitment is ranked the # 1 challenge faced by all types of departments throughout rural, suburban, and urban areas of Michigan. To address this issue, the Michigan Rural EMS Network and the Northern Michigan Fire Chiefs Association partnered on two Recruitment and Retention projects funded by the Federal Emergency Management Agency (FEMA).

A toolkit and resources for recruitment and retention can be found at <https://www.mirems.org/programs>.

**Download Now**



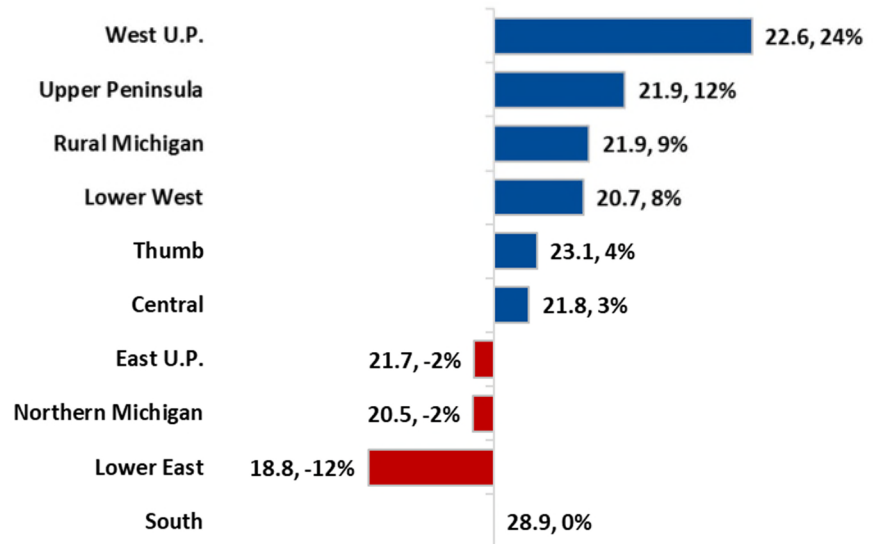
## Levels of Current Personnel

Participants on the Department Profile were asked to report their total number of active personnel. Based on the number of departments responding to the question, an average number of personnel were calculated in both 2019 and 2022. The chart to the right shows the average # reported in 2022 and the % change from 2019 to 2022 for rural Michigan departments as a whole and each rural region. In 2010, there were no profiles submitted from the South Region and a % change could not be calculated. Also, in 2022 one department in the south region reported having 100 personnel which greatly impacting the total overall average for the south region. Some regions experienced greater gains and others greater losses. Interpretation of results to this question is limited as results are dependent on which departments responded each year.

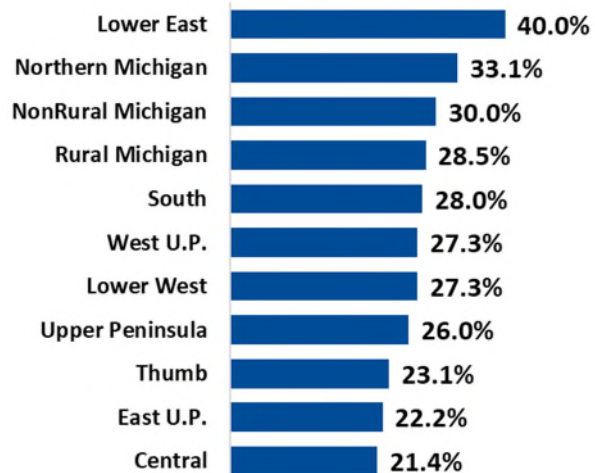
When asked how many people joined and left their department in the past year, there was a wide range of net losses/gains. The chart to the right illustrates the % of departments that experienced a net loss as reported by those who completed a profile. Collectively, all regions experienced a net gain. This may point to a need for programs and services that are individualized for each department with additional resources for departments with higher losses.



**Average # of personnel-2022 and % change in number of personnel from 2019 to 2022**

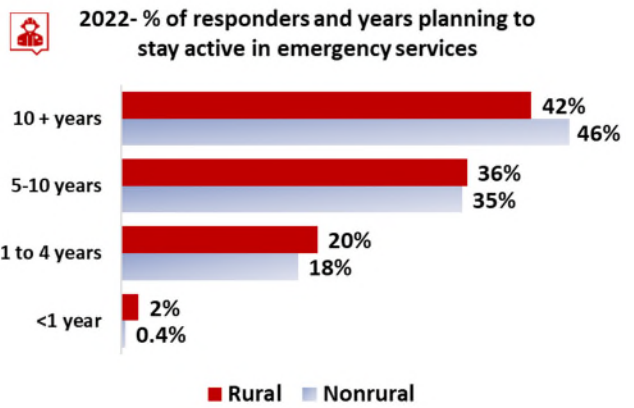


**% of departments with a Net Loss of Personnel**

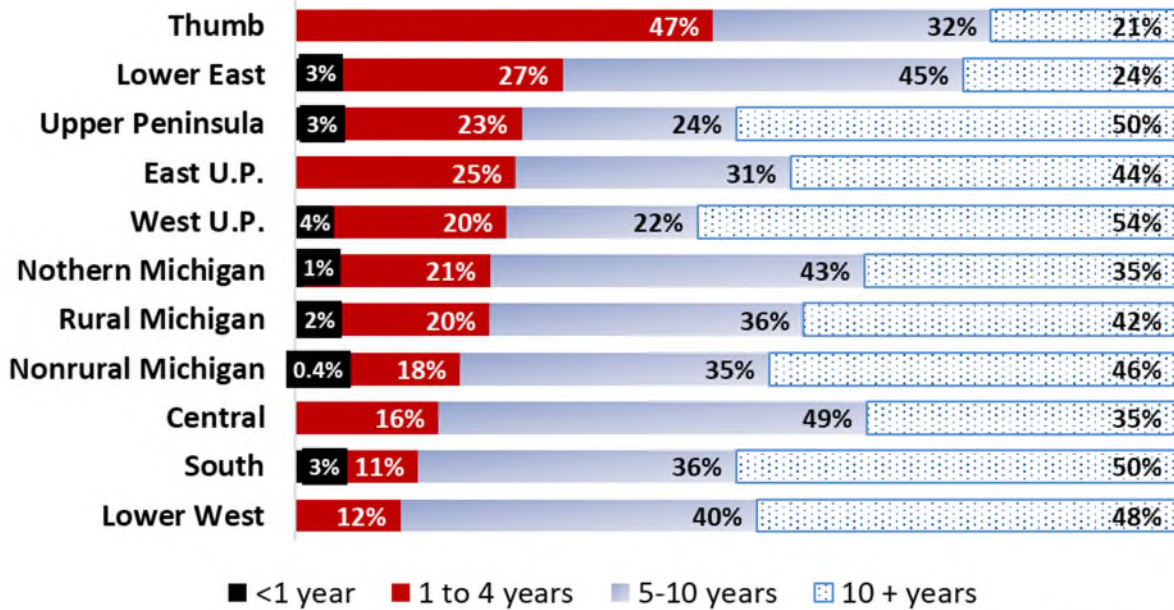


First responders who completed the Emergency Services Survey were asked *“How many more years do you plan to remain active in emergency services?”*

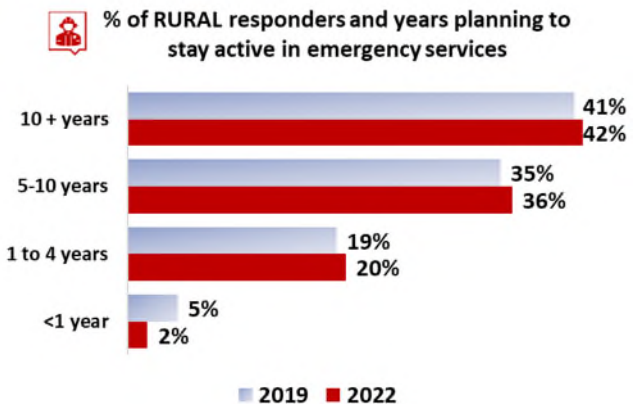
In rural areas, maintaining adequate staffing has a number of challenges. This includes the volunteer nature of the majority of departments and local economic conditions which can suppress the level of wages for all occupations including fire and EMS.





### 2022-% of responders and years planning to stay active in emergency services



For rural responders, this represents a slight increase in time planning to serve. One reason could be the large number of first responders who left service during the Covid 19 pandemic. In 2019, respondents who planned to leave in 1 to 5 years, may have left earlier than planned due to the additional challenges of the pandemic, illness, or death.

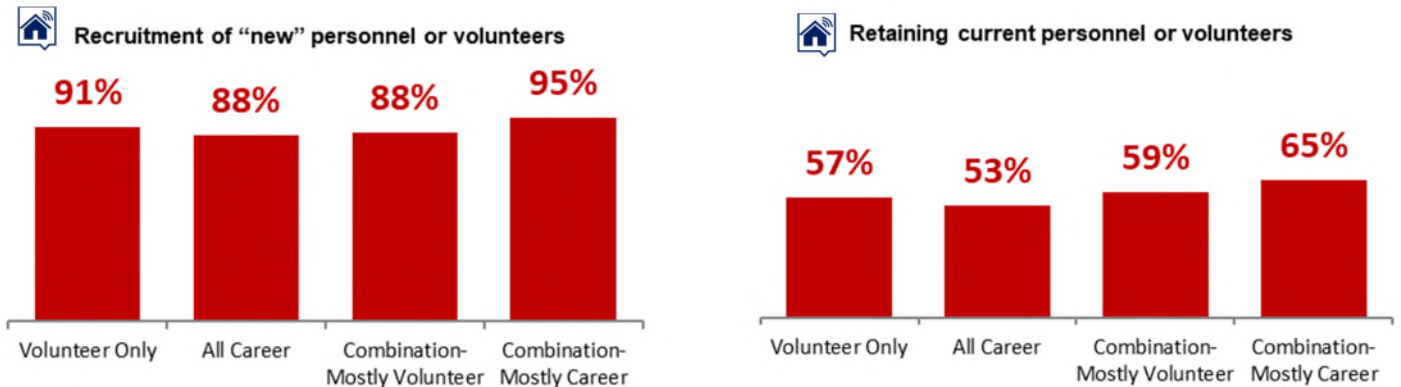


## Perspectives on Personnel Needs

Questions regarding contributing factors of recruitment and retention challenges were asked on the  Department Profile and  Responder Survey.

A comparison shows that in some areas, there were differences between the department profiles which were completed by management and the surveys which included both field personnel and management. There were also variations by region, age, and type of department.

### % Indicating a Recruitment and Retention as a Major or Moderate Challenge by type of department



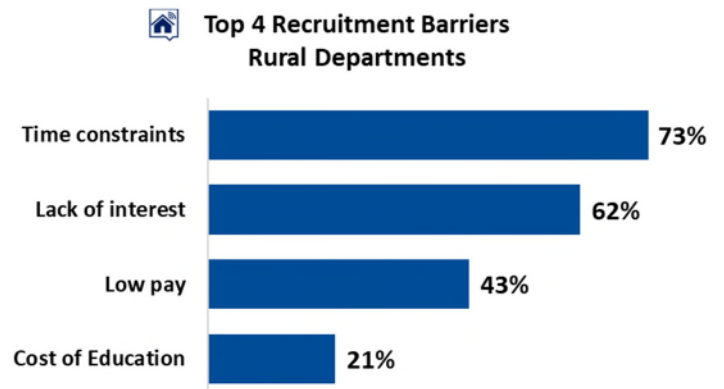
Departments were asked about recruitment practices.

- 72% of rural departments indicated that they had an assigned person and 76% of those with an assigned person indicated that they spent less than 5 hours a week.
- The most popular rural recruitment strategy was word of mouth (84%).
- 72% of rural departments are using social media for recruitment, up from 65% in 2019.
- 40% of rural departments utilize signs or flyers outside the department.

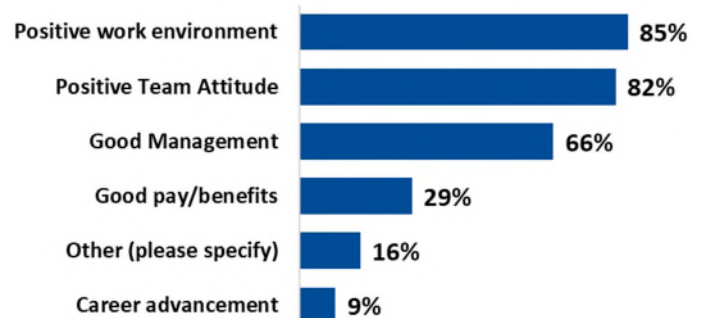
Departments were asked to indicate the retention strategies they were utilizing. A six item checklist was provided (see chart to right). After theming comments, three items rose to the top of the list:

- Community 6
- Pay and Benefits 6
- Family atmosphere 3

Additional items mentioned were apprenticeship programs, providing training, asking for millage, change in management, combined EMS/Fire, scheduling, and using local college students.



### What is your agency doing that helps keep personnel? RURAL (Check all that apply)

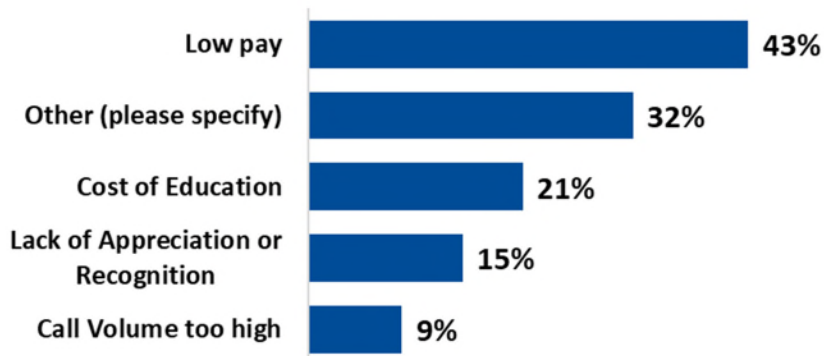



First responders were asked the degree to which recruitment and retention of personnel is a challenge. They were also asked about contributing factors. Additional recruitment challenges shared in the comment section varied greatly. After theming data, four items rose to the top of the list:

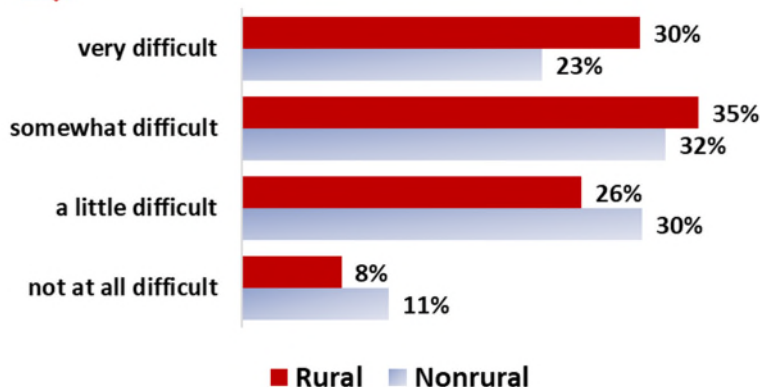
- Training Requirements 13
- Lack of Volunteerism-interest 11
- Rural Population 8
- Low pay & no benefits 5

Additional items that had two comments each were a shortage of trained providers and the community being unaware of the need. Additional items mentioned once were poor quality facility, fear, housing, lack of appreciation from the state, part time nature and having a full time job, personalities, the state exam, and union contracts.


 **Top 5 Recruitment Barriers  
RURAL Departments**

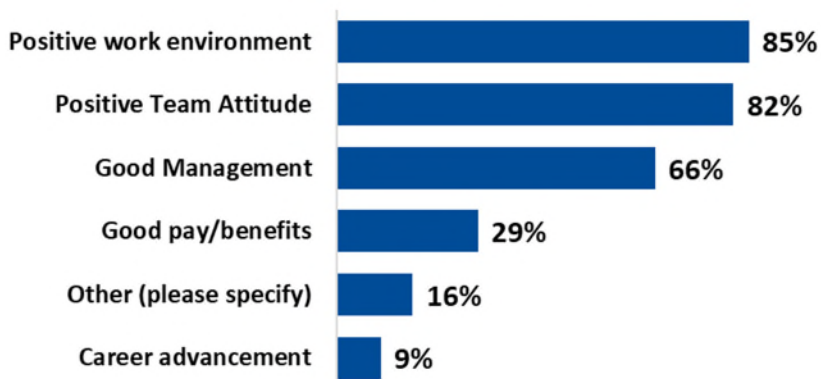


 **How difficult is it to keep staff at your agency?**



First responders that indicated their department had minimal or no problems with retention were asked to indicate the retention strategies they were utilizing. A six item checklist was provided (see chart to right). Additional comments included: Convenient scheduling practices-3, Training-2, Community-2, autonomy, recruitment campaign, and being a busy department.

 **If retention is NOT a problem (RURAL),  
% reporting retention strategies.**

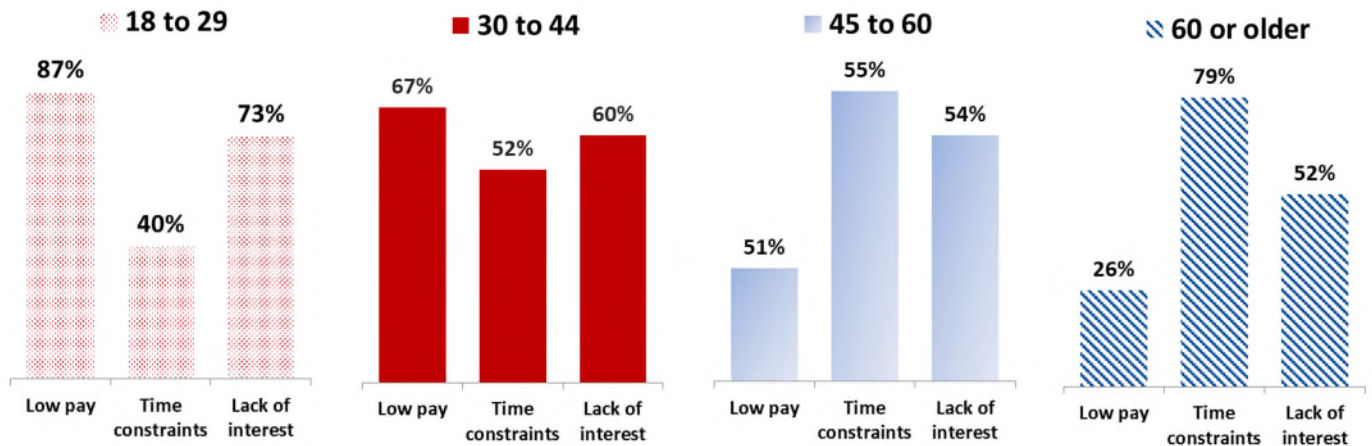




## Which of the following is a challenge to recruitment and retention for your department? (RURAL)



### What do you think gets in the way of recruiting new staff for your agency? (RURAL-Top Three by Age)



## Training and Education

In order to build a more stable workforce, understanding training capacity and interest is important. Both the Department Profile and First Responder Survey assessed current levels of training and interest in training. Questions were included for both fire and EMS related certifications

Information about training resources can be found at <https://www.mirems.org/resources> .

**More Info**





Training was indicated by rural departments as a major barrier to recruitment and retention of personnel. Levels of personnel by type of training vary between rural and nonrural counties as reflected in the following charts. It is important to note that nonrural departments may serve larger populations and have higher call volumes. Nonrural departments are also more likely to be career or mostly career departments.

Please indicate the number of personnel with the following training: RURAL Fire Departments				
Answer Choices	Average #	Total #	% of departments responding	# of departments Responding
Firefighter 1	11.0	1695	81.82%	126
Firefighter 2	15.6	2409	96.75%	149
Fire Officer 1	3.0	457	74.68%	115
Fire Officer 2	2.8	433	70.78%	109
Fire Officer 3	1.9	285	63.64%	98
Total Departments				154

Please indicate the number of personnel with the following training: NON RURAL Fire Departments				
Answer Choices	Average #	Total #	% of departments responding	# of departments Responding
Firefighter 1	19.5	3380	73.41%	127
Firefighter 2	32.0	5542	98.84%	171
Fire Officer 1	9.5	1642	84.39%	146
Fire Officer 2	9.5	1648	88.44%	153
Fire Officer 3	5.2	900	83.82%	145
Total Departments				173

In addition, nonrural departments had a higher average number of personnel with Hazmat or Medical First Responder Training.

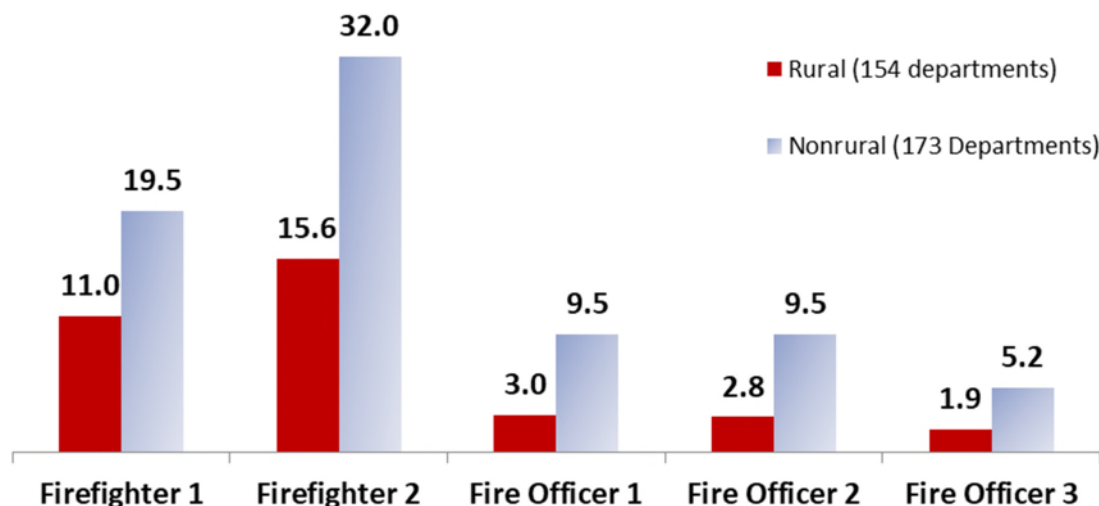
**Hazmat Awareness**  
Rural=15      Nonrural=26

**Hazmat Operations**  
Rural=15      Nonrural=30

**Hazmat Technicians**  
Rural=2      Nonrural=4

**Medical First Responder**  
Rural=5      Nonrural=12


 **Average Number of Personnel by Training Level**



EMS transport in Michigan is sometimes provided through combination EMS/fire departments and at times EMS only departments. Of the departments completing profiles, 25 provided EMS transport and fire suppression. Thirty-four reported providing transport EMS only.

Please indicate the number of personnel with the following training: RURAL EMS Transport (Fire/EMS & EMS Only)			
Answer Choices	Average #	Total #	# of departments Responding
MFR	1.2	68	41
EMT	11.6	683	58
Advanced-EMT	1.0	60	29
Paramedic	8.4	497	55
EMS IC	1.8	108	43
Total Departments			59

Please indicate the number of personnel with the following training: NONRURAL EMS Transport (Fire/EMS & EMS Only)			
Answer Choices	Average #	Total #	# of departments Responding
MFR	9.5	610	35
EMT	21.8	1398	57
Advanced-EMT	0.1	9	23
Paramedic	27.2	1739	63
EMS IC	3.4	218	60
Total Departments			64



**MFR**  
Medical First Responder

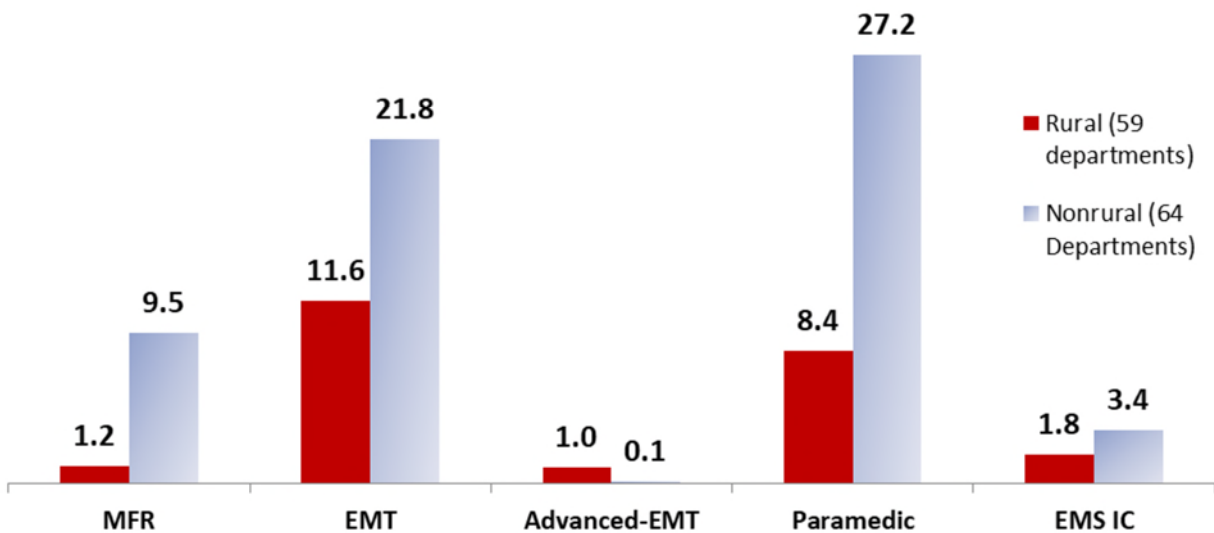
**EMT**  
Emergency Medical Technician

**Advanced-EMT**

**EMT-P**  
Paramedic

**EMS IC**  
Instructor Coordinator

 **Average Number of Personnel by Training Level**

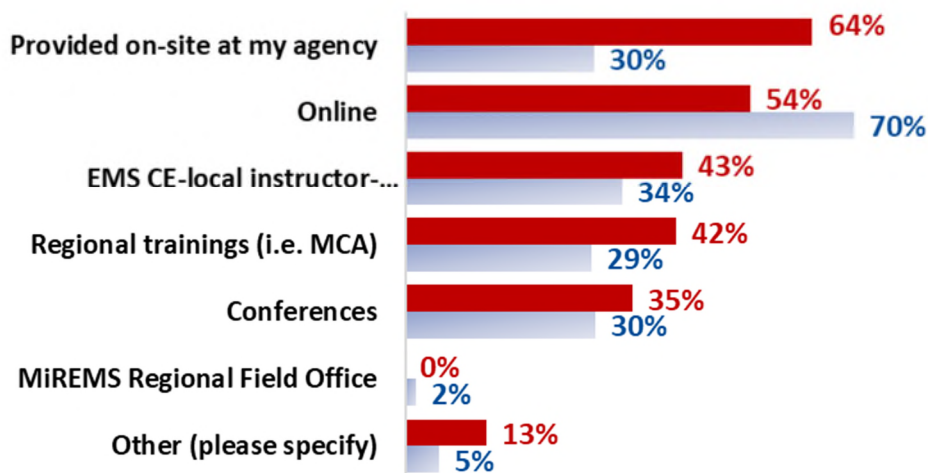


Understanding the patterns for accessing continuing education and current interests of personnel, is important to ensuring that current and future personnel are well trained and able to meet emerging needs. Rural department managers reported slightly different trends than first responders. Responders reported a higher percentage of online learning and a lower percentage of conferences, regional training, and training at monthly meetings.



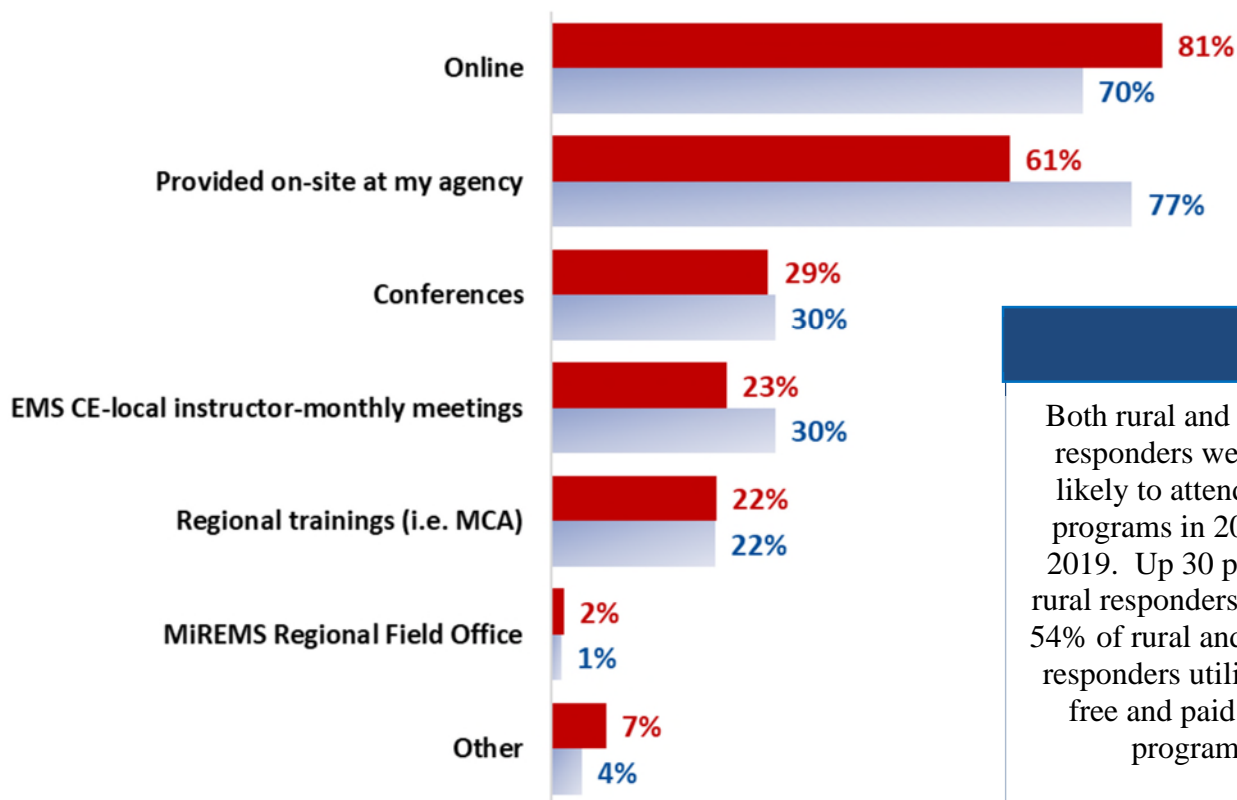
### Where does your personnel get ongoing or CE credit training?

■ Rural (176 departments)  
■ Nonrural (168 departments)



### Where do you get ongoing or continuing education training?

■ Rural (219 Responders)  
■ Nonrural (216 Responders)

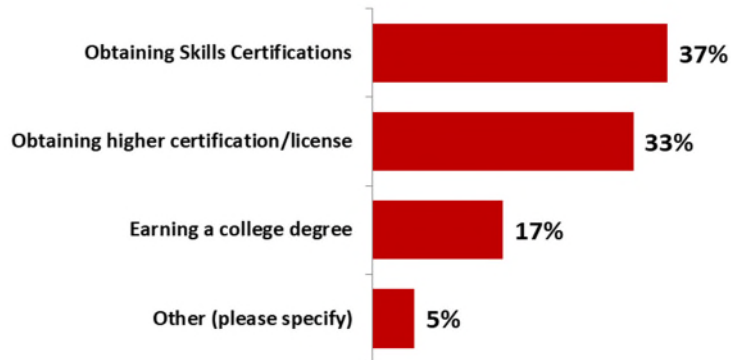


Both rural and nonrural responders were more likely to attend online programs in 2022 than 2019. Up 30 points for rural responders. Around 54% of rural and nonrural responders utilized both free and paid online programs.



 **Rural Responders- % Interested in Additional Credentials (2022)**

Interest in training and credentials is similar for rural and nonrural responders with more than 60% interested in some type of higher certification, degree, and skills. Interest varied significantly by age.

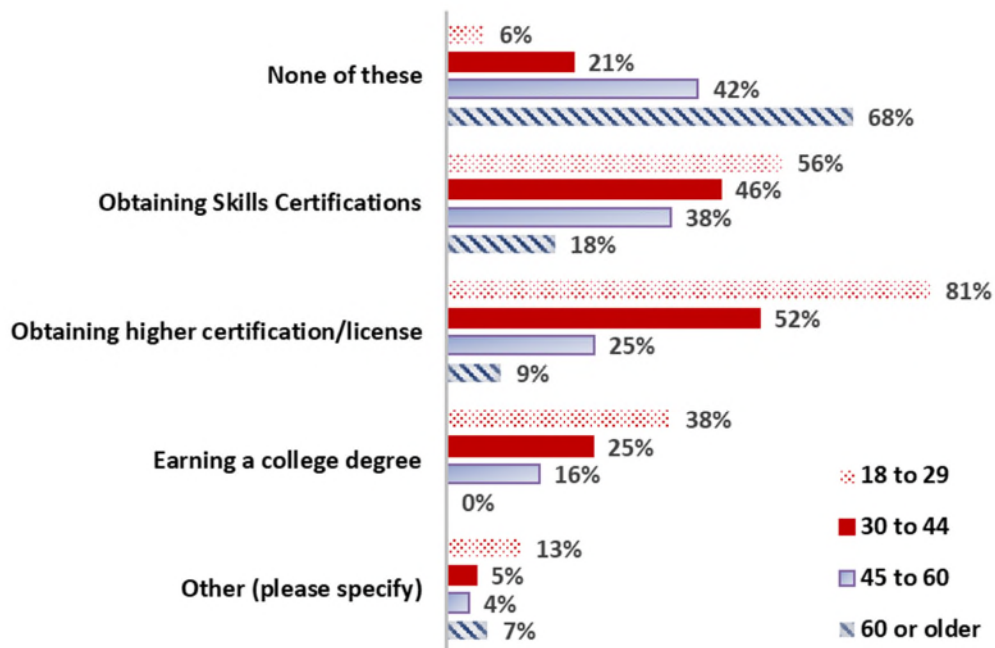


Access to training continues to be impacted by transportation barriers which include time and cost. First responders in rural and nonrural counties both expressed limitations related to willingness to travel for training programs in their area of interest.

- 24% of rural and 31% of nonrural were willing to travel only up to 29 miles.
- 44% of rural and 27% of nonrural were willing to travel 30-59 miles.
- 13% of rural and 10% of nonrural were willing to travel 60-99 miles.
- 19% of rural and 21% of nonrural were willing to travel 100 or more miles.

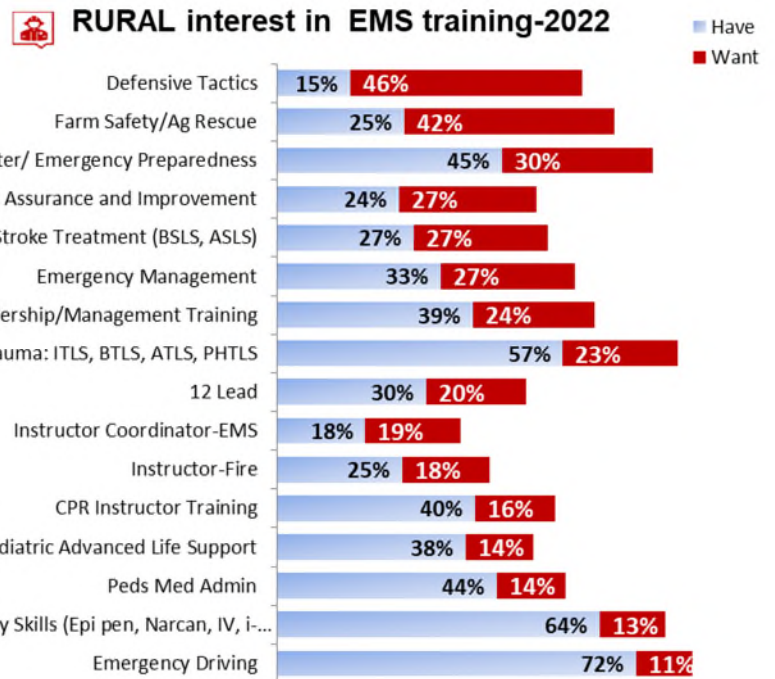


**In which of the following are you interested? (RURAL Responders)**



The top five training items desired by first responders were the same in rural and nonrural counties. Some nonrural counties also serve rural communities surrounding city centers:

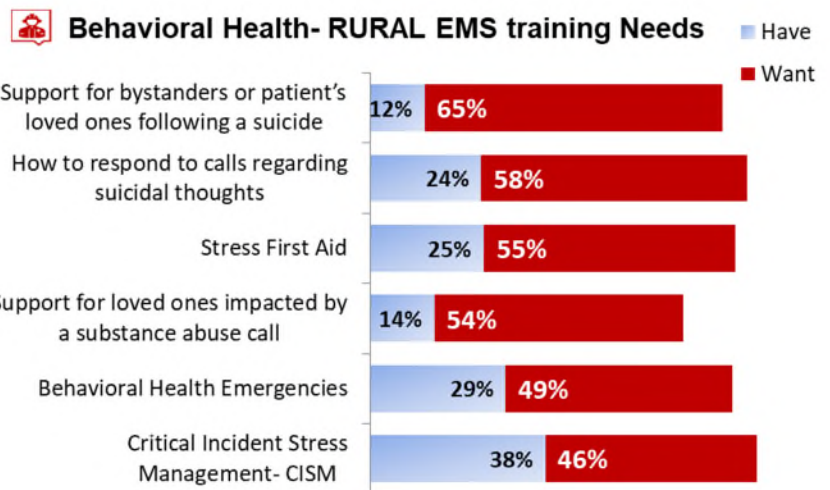
	<u>RURAL</u>	<u>NONRURAL</u>
1) Defensive Tactics	46%	45%
2) Farm Safety/Ag Rescue	42%	40%
3) Disaster & Emergency Prep.	30%	32%
4) Quality Assurance & Improvement	27%	34%
5) Stroke Treatment	27%	32%
6) Emergency Management	27%	38%



### Top 8 Training Topics Reported as an Unmet Need by RURAL Departments (#, %)




As indicated in the next section of this report on Behavioral Health, first responders indicated that they did not feel prepared for many behavioral health emergency calls. This is confirmed on the behavioral health training question.

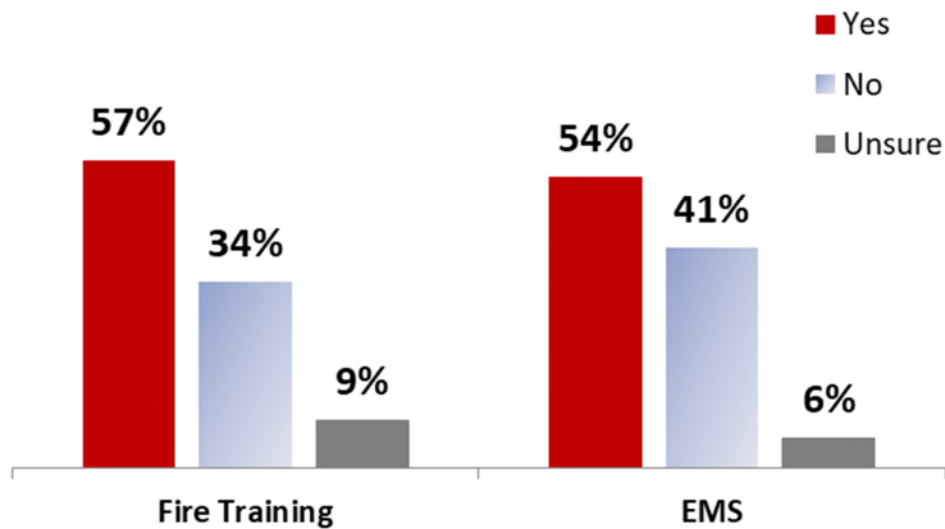


Both department profiles and first responder surveys indicated training as a challenge. Departments also answered a series of questions related to meeting training needs. Some of the challenges faced by rural departments include:

- travel
- availability of Instructor Coordinators
- costs

Reasons that personnel does not seek training as reported on the department profile, remained consistent in 2019 and 2022.

 **% of RURAL departments that have adequate training aids & equipment (if applies)**



Of the rural department’s responding, 70%, indicated they had a person designated to coordinate training.

# of hours per week dedicated to training for Rural Departments who indicated having an individual designated to coordinating training.	#	%
20-40 hours	6	4%
10-19 hours	12	9%
5-9 hours	21	15%
1-4 hours	61	45%
< 1 hour	6	4%
As needed, unknown, varies, not designated	30	22%

Title of Person Responsible for Training	#	%
Chief	34	25%
Training Captain/Officer	31	23%
Assist Chief	12	9%
Director	12	9%
Education/Training Coordinator/IC	8	6%
Lieutenant	7	5%
Deputy Chief	4	3%
Battalion Chief	2	1%
CEO	2	1%
Medical director	2	1%
SIEMS Captain	2	1%
Clinical Manager	1	1%
EMT - Ambulance Inspector	1	1%
FF/EMT	1	1%
Firefighter	1	1%
HR/CQI Director	1	1%
Operations Manager	1	1%
<b>Total Responses</b>	<b>135</b>	

## Operations

Operating a rural EMS or fire department brings unique challenges. Managing personnel that may be part time or volunteer can make timely, quality emergency response difficult. Keeping up with training and quality improvement requires strong and organized leaders. MiREMS has a number of programs including Field Offices that can help leaders meet operational needs.

Program information can be found at <https://www.mirems.org/programs>

**More Info**

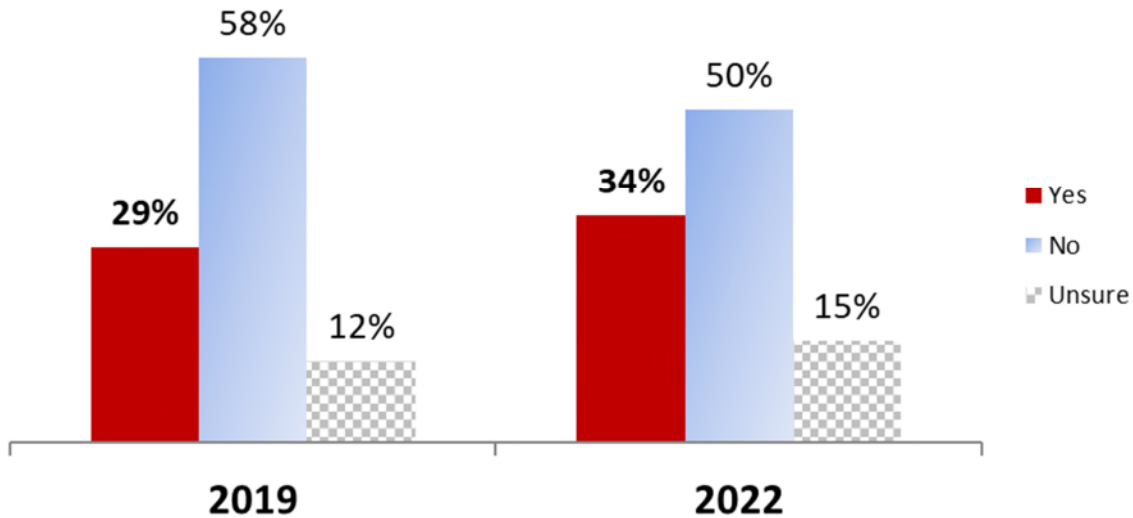


## Quality Assurance and Improvement

Many of the fire departments in rural Michigan are licensed EMS agencies. The quality of Emergency Medical Services (EMS) is highly dependent on well trained staff and adequate quality assurance processes. Often in rural, volunteer-based departments, developing and maintaining a quality improvement process is a challenge. The rate of rural departments with a formal program increased from 29% in 2019 to 34% in 2022.



### Rural departments with formal Continuous Quality Improvement (CQI) program/process?



Fifty-two or 31% of rural departments answering the question in 2022 indicated that they had a person designated to manage quality improvement programs.

- Only 2 departments had staff that spent 40 hours/week on quality assurance.
- 15 departments reported personnel spent 5-10 hours per week.
- 6 reported staff spend less than 5 hours per week.
- 10 departments reported being unsure how much time quality staff spent.


Title of Person Responsible for QI Program (of RURAL departments with designated person)	#	%
Chief	7	13%
Director	5	10%
EMS Coordinator	5	10%
Assistant or Deputy Director/Chief	4	8%
Captain	4	8%
Firefighter/Paramedic	3	6%
HR/CQI Director	3	6%
Education Coordinator or IC	2	4%
EMS Capt./Training Officer	2	4%
Medical Control Liaison	2	4%
SIEMS Captain	2	4%
Clinical Manager	1	2%
EMS Lieutenant	1	2%
Manager	1	2%
Medical Director	1	2%

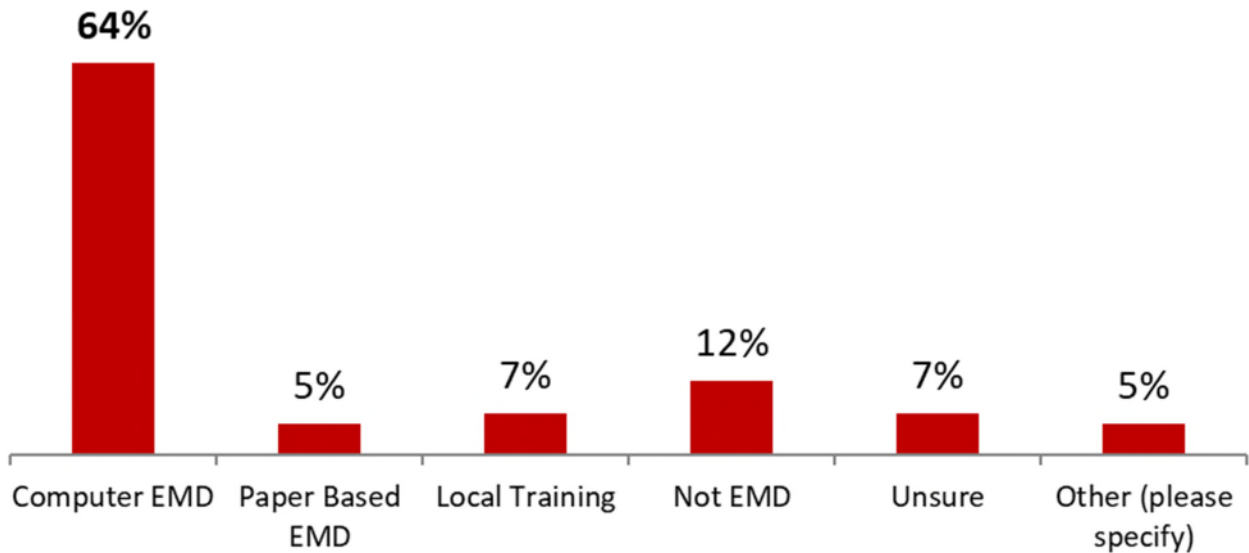




## Dispatch Characteristics

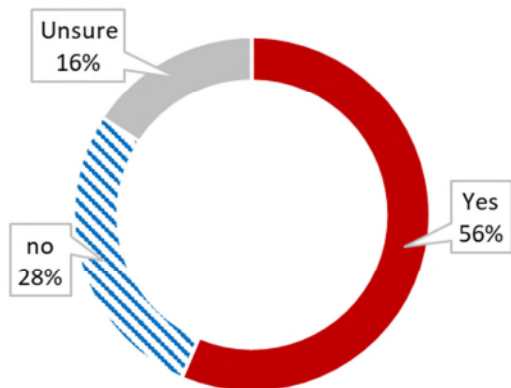
Dispatch systems are critical to effective and rapid response to emergency situations. There is a wide array of dispatch systems in rural Michigan. The % of computer based Emergency Medical Dispatch (EMD) programs increased from 58% in 2019 to 64% in 2022.


 Dispatch type reported by Rural Departments- 2022

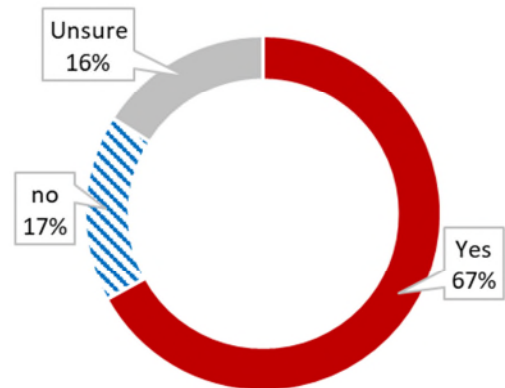


Confidence in dispatch procedures and training is important to ensuring responses times are managed and emergency response is as efficient and effective as possible. The percentage of department's that felt 911 dispatchers in their area were adequately trained decreased from 73% in 2019 to only 56% in 2022. Confidence in nonrural departments was higher than in rural.

 RURAL- Confidence in Dispatch Training



 Nonrural- Confidence in Dispatch Training



## Behavioral Health

National data shows that first responders are coping with immense pressure and demands. The skills needed to respond to increasing substance use and mental health calls are unique and require specific training. Exposure to repeated traumas creates stress and requires effective coping skills. This section of the needs assessment reveals how Michigan's rural responders perceive their needs and the system capacity to address those needs. For more information about behavioral health, visit the MIREMS Resources page for training programs, services, and links to additional resources.

<https://www.mirems.org/resources>

[Learn More](#)



## Impact of Mental Health and Substance Use Disorders

Elevated suicide rates and the impact of opioid use disorders in Michigan has raised questions about the impact on first responders. Increased community needs related to behavioral health can create strain for fire and EMS departments, especially those that already face personnel challenges. This can also negatively impact recruitment and retention efforts.

### Perceptions of Need & Preparedness

In your opinion, in recent years, has the number of mental health related calls increased a lot

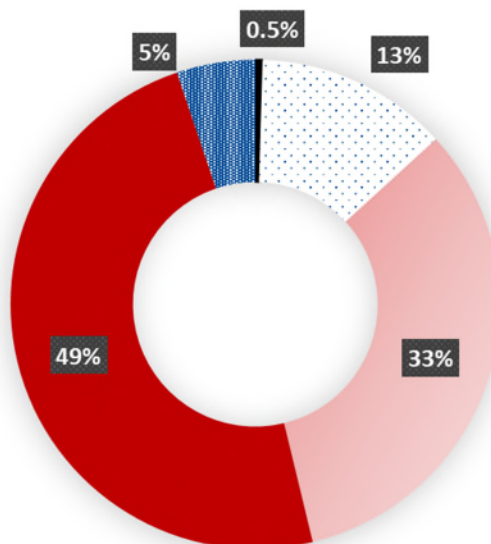
#### rural respondents

49%-up from 33% in 2019

#### nonrural respondents

48%-up from 34% in 2019

 Reported Increase in Mental Health Calls-Rural



Decreased
  Stayed about the same
  Increased some
  Increased a lot
  Unsure


In your opinion, in recent years, has the number of substance use related calls increased a lot.

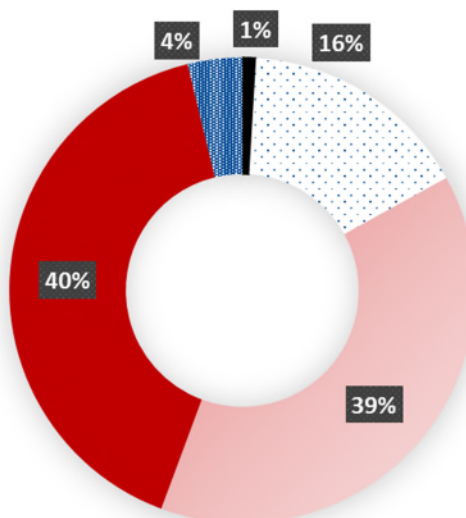
#### rural respondents

41%-down from 50% in 2019

#### nonrural respondents

48%- down from 60% in 2019

 Reported Increase in Substance Use Calls-Rural

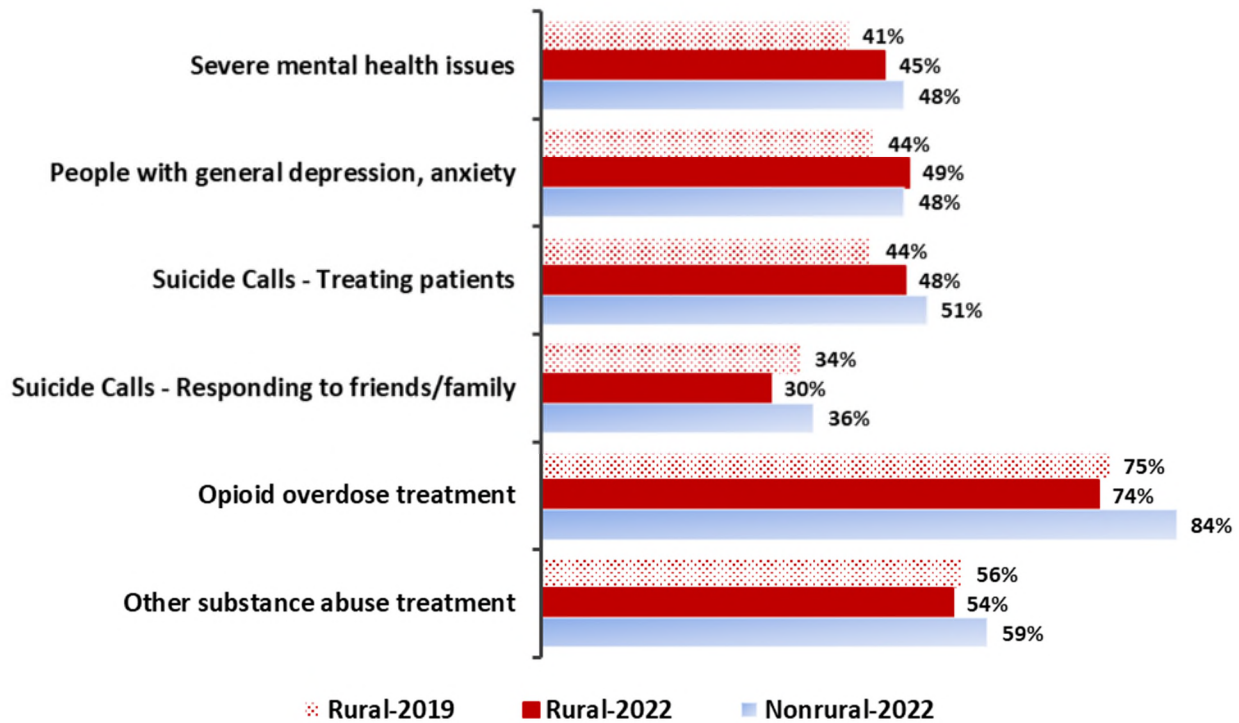


Increasing mental health and substance use calls require additional knowledge and skills for first responders. The level of preparation varied depending on the behavioral health topic and there were differences between rural and nonrural first responders' perceived readiness.

- In general, participants felt more prepared for substance use calls and less for mental health calls with the lowest preparation related to responding to friends/family of the patient during a suicide call.
- Overall, nonrural respondents felt slightly more prepared for all behavioral health calls.
- There was some increase in readiness from 2019 for mental health calls with the exception of dealing with friends and family of the patient.
- Preparedness related to substance use calls had a slight decrease from 2019 to 2022.



### % Indicating Training Prepared them Pretty Well or Very Well



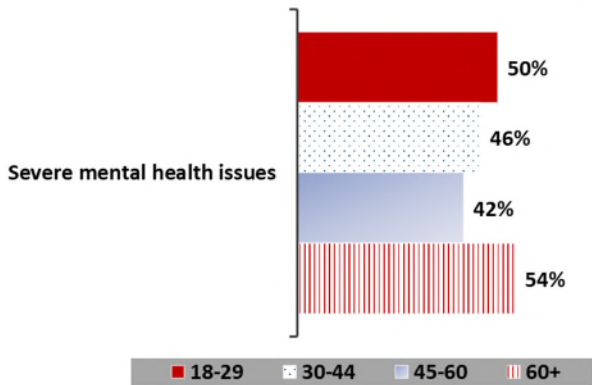
When results were broken down by age for rural respondents, preparedness for behavioral health calls varied greatly by topic. While this data will depend highly on individuals, it may point to the importance of NOT generalizing by age and to the need for teams with multiple ages represented and the need to understand the strengths of other team members.

- Participants aged 45-60 reported the least preparation for almost all topics.
- People age 60+ felt the most prepared for mental health calls except treatment of someone with a suicide attempt. They felt less prepared for substance use calls.
- Age 18-29 and 30-44 felt the most prepared for substance use calls and suicide calls.
- The topic with the greatest level of preparation, likely due to opioid response efforts across the state, was for treatment of an opioid overdose.

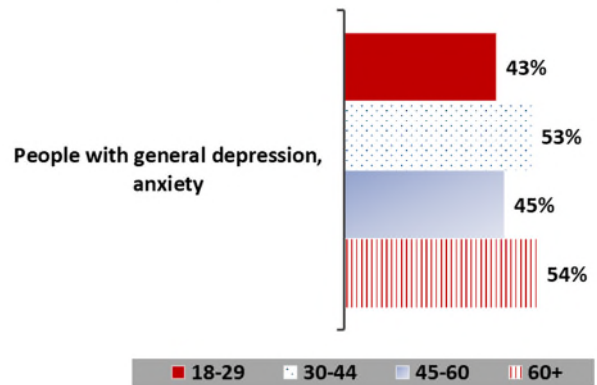


# Effectiveness of Training Related to Behavioral Health- 2022

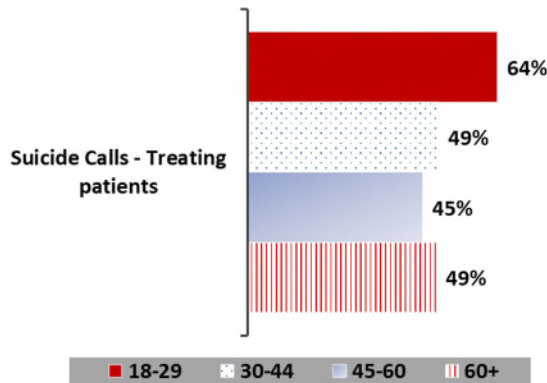
**Rural Respondents by Age**  
% Indicating Training Prepared them Pretty Well or Very Well



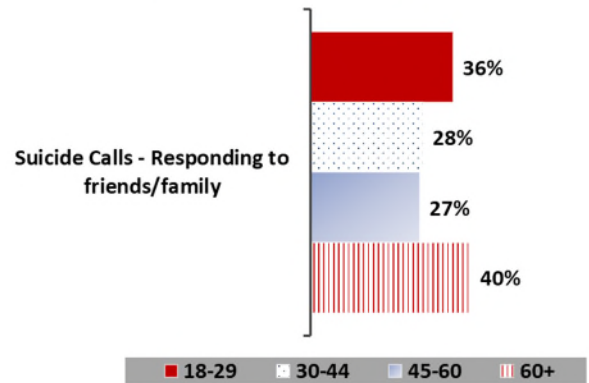
**Rural Respondents by Age**  
% Indicating Training Prepared them Pretty Well or Very Well



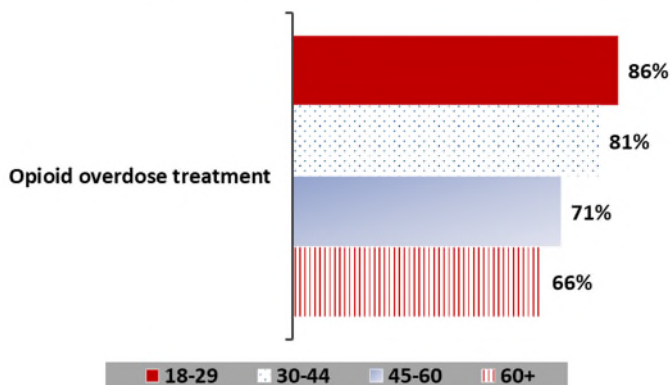
**Rural Respondents by Age**  
% Indicating Training Prepared them Pretty Well or Very Well



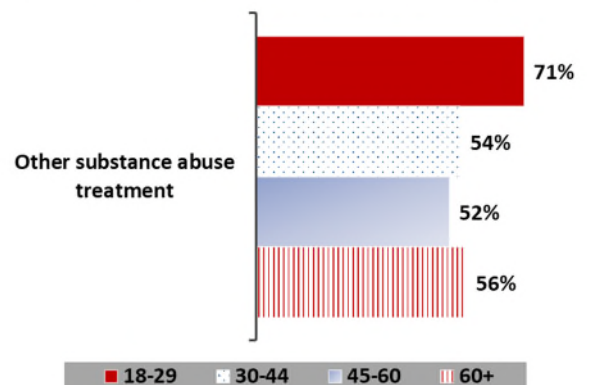
**Rural Respondents by Age**  
% Indicating Training Prepared them Pretty Well or Very Well



**Rural Respondents by Age**  
% Indicating Training Prepared them Pretty Well or Very Well



**Rural Respondents by Age**  
% Indicating Training Prepared them Pretty Well or Very Well



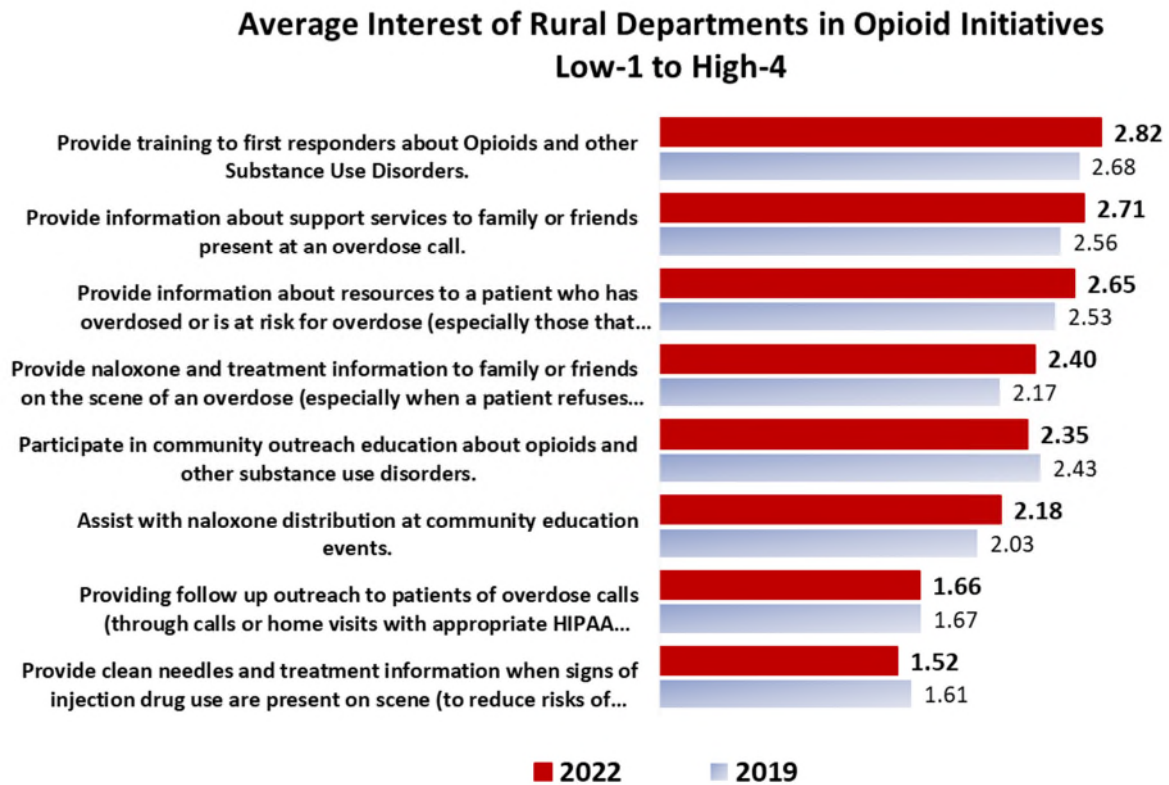
## Response to Opioids

The opioid epidemic has critically impacted rural Michigan. The role of emergency departments in addressing this important issue is emerging.

A few weeks after launching the department profiles in 2019, it became apparent that questions regarding opioid interventions would be helpful. Questions were added to the online profile and a separate survey and link with only the opioid questions were sent to departments already having completed the survey. These questions were included on the 2022 profile for all departments.

On a scale of 1 to 4, departments were asked about the degree of interest they have in pursuing a variety of strategies to address opioid use disorder.

**How much would your department be interested in offering the following to combat opioids?**

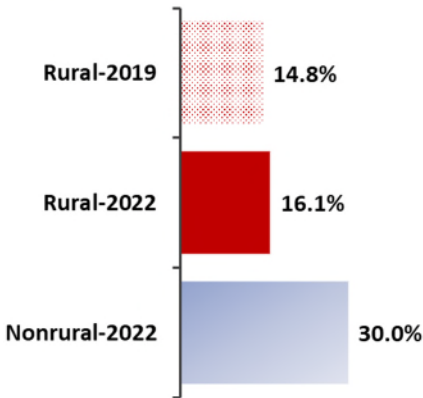


# Critical Stress Among First Responders

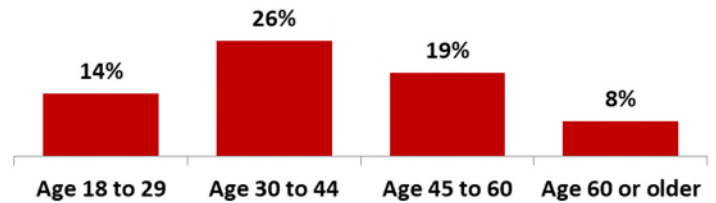
Across the nation, leaders in emergency services have identified data that supports taking a closer look at critical stress among emergency providers. Questions were included on both the Department Profile and the First Responder Survey to assess experiences with critical stress, available support services, use of services, barriers to accessing services, and comfort level addressing critical stress.

Overall, rural first responders...  
 ...reported being told they have PTSD less than nonrural  
 ...reported having critical stress less than nonrural  
 ...were more likely to report critical stress in 2022 (up 10% from 2019.)  
 ...were less likely to report thinking about suicide than nonrural (6% less) but the percentage was up 5% from 2019.  
 ...age 30-44 were most likely to have thought about suicide.  
 ...age 18-29 were most likely to have attempted suicide (8.6%)  
 ...were less likely to seek help than nonrural (5% less) but the percentage was up 5% from 2019.

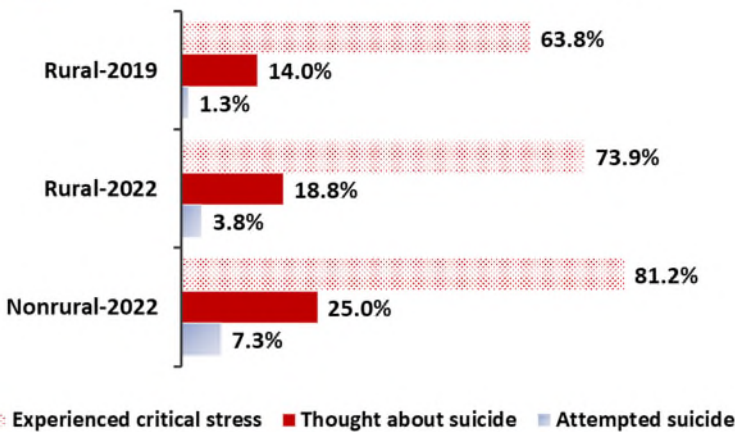
% Indicating they have been told they have PTSD



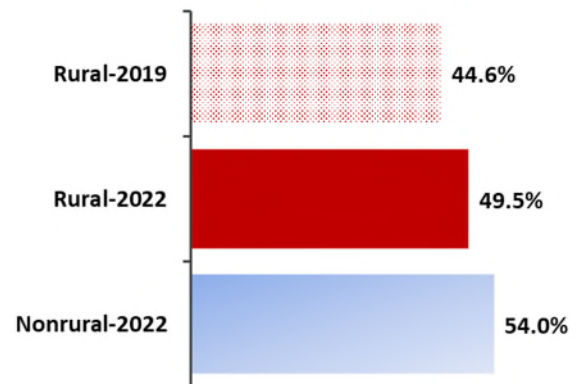
Have you ever thought about suicide?  
 RURAL respondents by age-2022



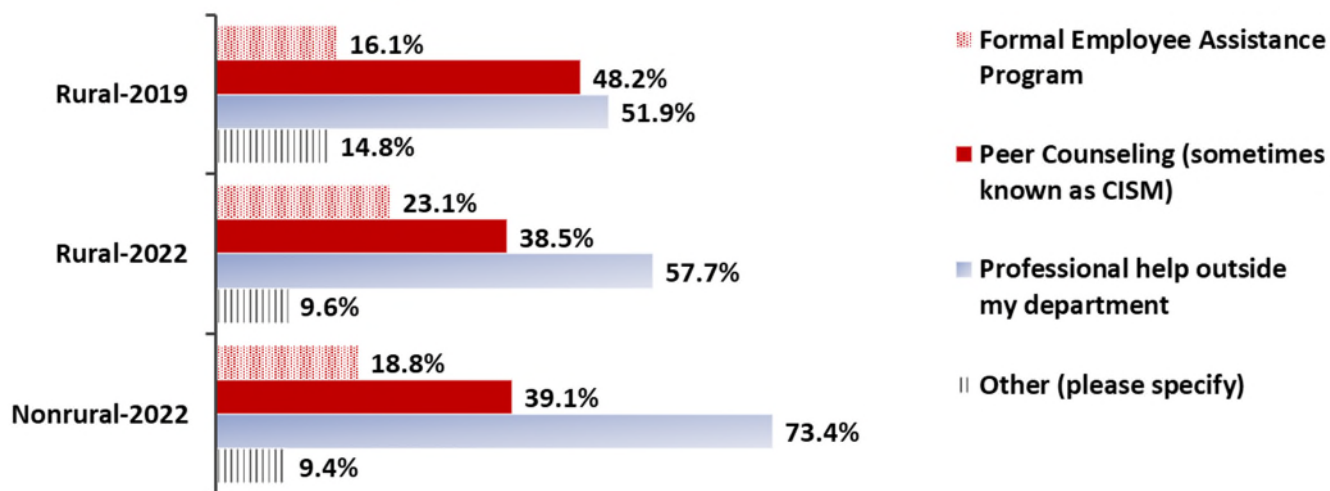
% Who report having various degrees of Critical Stress



If experiencing PTSD, critical stress, suicidal thoughts or attempt, did you seek help?

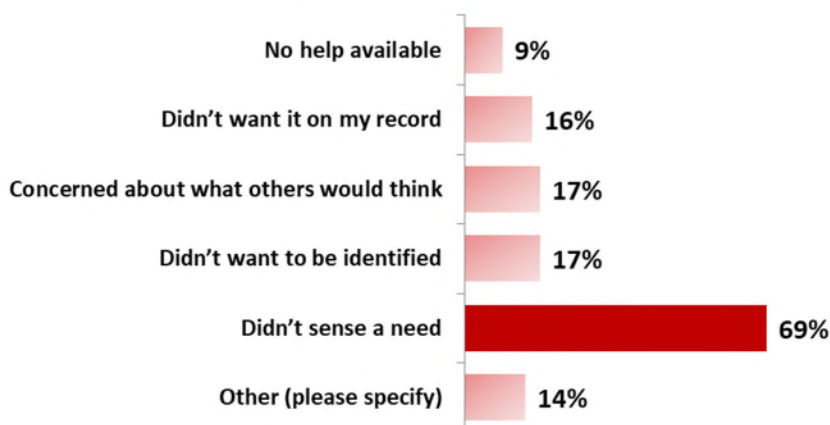


## 🏠 If Help Sought, Type of Help Sought



Many factors present barriers to seeking help. Of the 58 first responders who did not seek help, the major reason is that they did not see a need. Comments included insight into perceptions about available help.

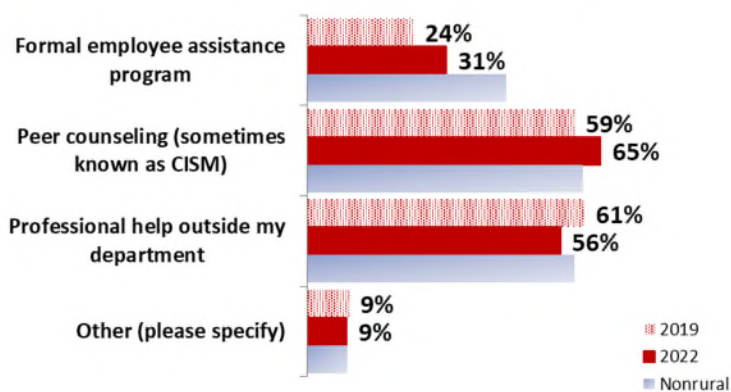
### 🏠 Rural Respondents: If you did not seek help, what prevented you from doing so (check all that apply)?



#### COMMENTS

- My coworkers and I were able to get together and they offered me ample support, discussion, and debrief. Also had debrief with department.
- Didn't make time
- It wasn't something that you talked about like we do now
- When seeking for help - no help could be provided because I was not holding a gun to my head and not drinking a fifth a day
- Didn't need to seek help, department set up Critical Incident Stress Management (CISM)
- Attend stress debriefings
- I see what kind of "help" is and it's not help.
- No availability of therapists or programs that understand EMS/FIRE

### 🏠 What services does your department offer related to critical stress? (check all that apply)

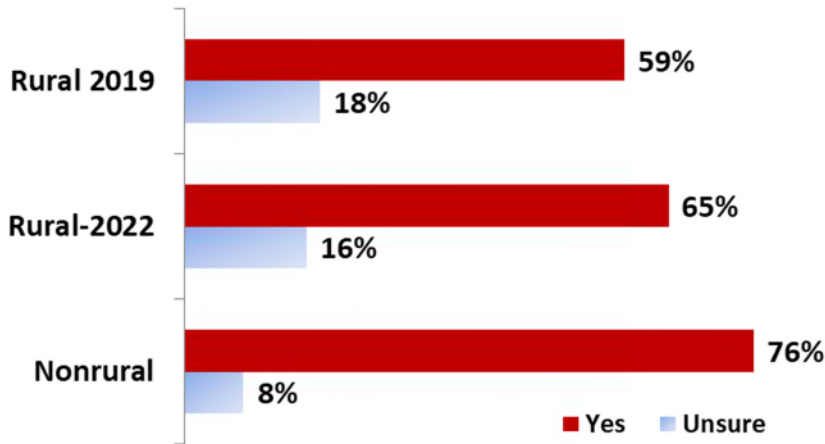


Managers indicated the types of services available related to critical stress. Under other/comments additional items were listed.

Type of support	# of responses
Debriefings-Post Peer Discussions	5
Yellow Rose Advocates	2
Offer what is needed	2
County Team	1
Peer Support	1
Medical Control	1
Seek professional help if needed	1
Staff Crisis Advocate for Police/Fire	1
We unfortunately do not have anything set-up currently	1



## Does your department have access to a CISM Team?



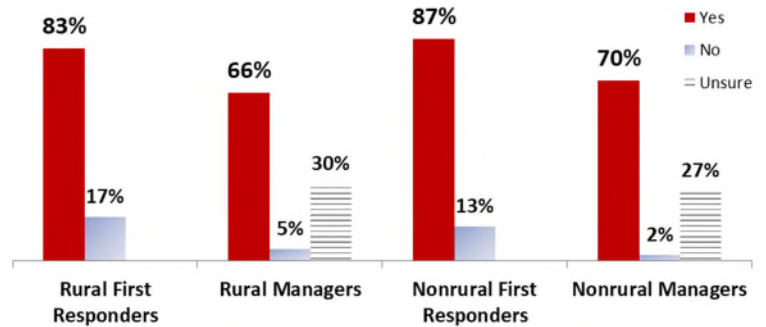
- Rural access to a Critical Incident Stress Management (CISM) team increased 6% from 2019 to 2022. However, nonrural departments had greater access by 11%.
- Additionally, only 58% of rural departments reported that the CISM team had a first responder as part of the team. In nonrural, 63% had a first responder.
- Many participants marked unsure for questions related to having a CISM Team in rural areas (16%) and knowing whether or not there was a first responder on the team (15%)

Department managers were asked “If a fellow responder was experiencing critical stress, mental health, or a substance use disorder...

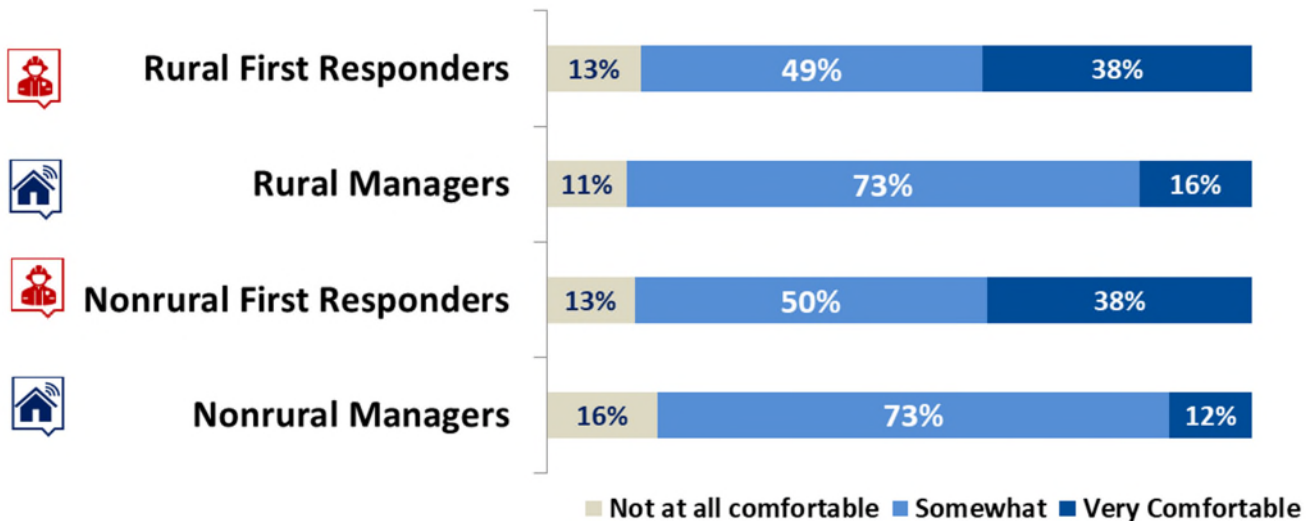
- Would your personnel know what help is available?
- How comfortable would personnel feel about asking for help for themselves or addressing mental health issues with a fellow responder.

Comparing responses from the managers and first responders seems to show that some managers are overestimating the comfort level of personnel to ask for help for themselves and underestimating the comfort level of addressing an issue with a fellow responder.

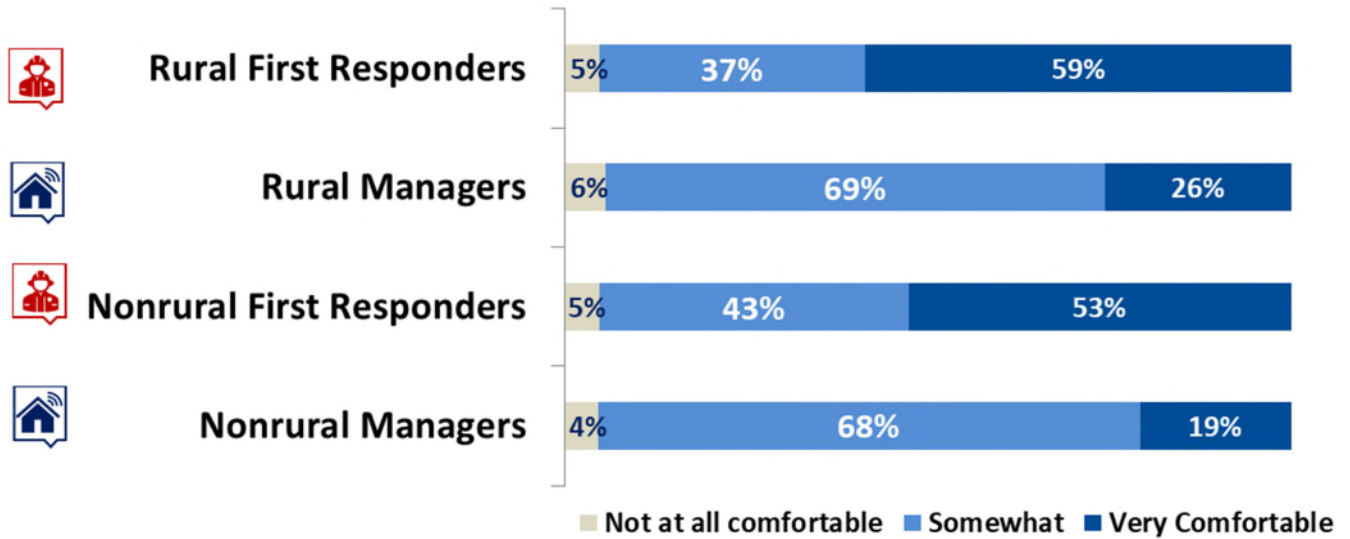
## Knowledge of help for mental health or substance use disorders-2022



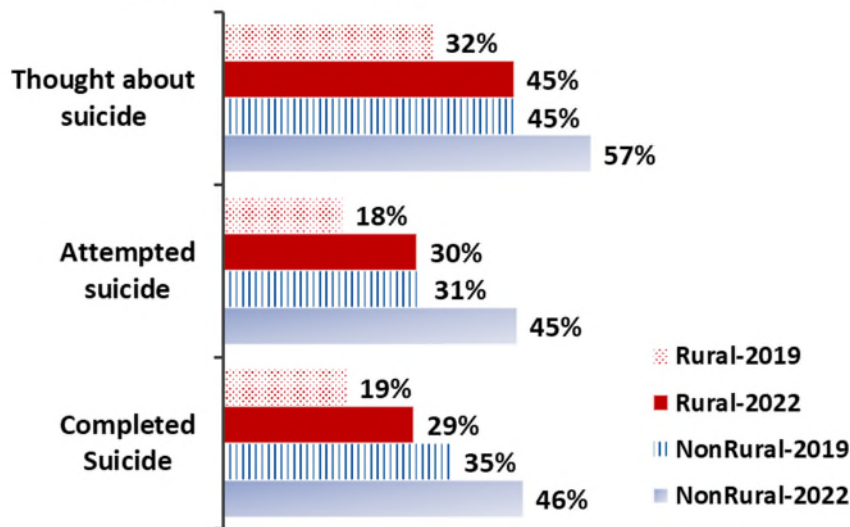
## Comfort level asking for help for themselves-2022



## Comfort level addressing an issue with a fellow responder-2022



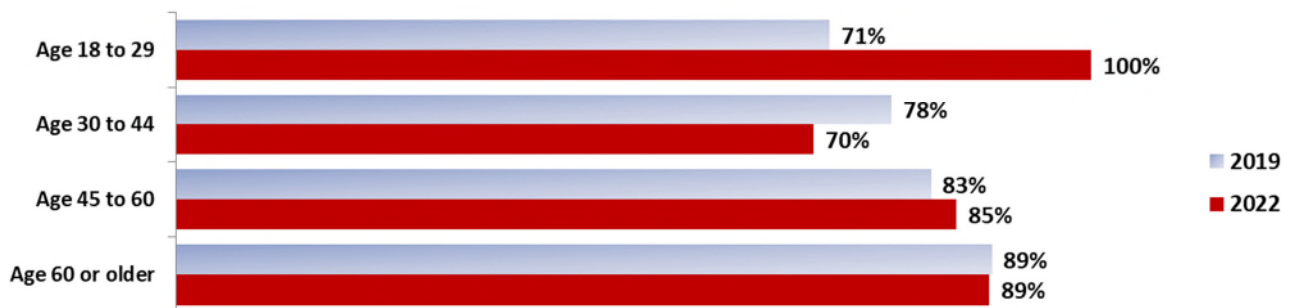
### Do you know a first responder that has:



Comfort level addressing mental health issues with fellow responders may in part be due to the increase in experience with someone who had suicidal thoughts or behaviors.

- The % of responders that knew a first responder who thought about, attempted, or completed suicide increased in both rural and nonrural departments (increase of 10-14%).
- Rates for rural first responders were less than non rural for all metrics.
- Knowledge of resources varied by age but increased slightly from 2019 to 2022.

### If you or one of your fellow responders were experiencing critical stress or a substance use disorder, do you know what help is available, how to get help? RURAL



# APPENDIX

- **NMFCA Report**-Comparison report for NMFCA and rest of state (rural)
- **Upper Peninsula Report**- Comparison report for UP and rest of state (rural)
- **Regional Reports**- Comparison report for seven rural regions of Michigan
  - **West Upper Peninsula (U.P.) Region**
  - **East Upper Peninsula (U.P.) Region**
  - **Lower West Region**
  - **Lower East Region**
  - **Central Region**
  - **Thumb Region**
  - **South Region**
- **Department Profile Instrument**
- **First Responder Survey Instrument**





[www.michiefs.org/NMFCA](http://www.michiefs.org/NMFCA)



[www.mirems.org](http://www.mirems.org)

