

AGENDA

EMS Working Group

Videoconference OR

**Jefferson County Courthouse
311 S. Center Avenue, Room C2063
Jefferson, WI 53549**

October 14, 2026

9:00 a.m.

EMS Working Group

Kim Cheney (Town of Koshkonong), Drake Daily (City of Lake Mills), County Board Supervisor Bruce Degner (Town of Ixonia), Kyle Ellefson (Village of Johnson Creek), John Kannard (Town of Sullivan), Travis Maze (Sheriff's Office), County Board Supervisor, Dwayne Morris (City of Watertown), Laura Payne (Town of Oakland), Bruce Peterson, MABAS Member (City of Fort Atkinson), Jenifer Quimby (City of Waterloo), Tanya Reynen (City of Watertown), Ron Wegner, MABAS Member (City of Jefferson), Dr. Chris Wistrom, Medical Director

[Join the meeting now](#)

Meeting ID: 292 399 528 224 258

Passcode: Sv2eE2yi

1. Call to Order
2. Roll Call
3. Certification of compliance with Open Meetings Law
4. Review of Agenda
5. Public Comment (Members of the public who wish to address the committee on specific agenda items must register at this time)
6. Communications
7. Approval of September 9, EMS Working Group Minutes
8. Review of September 17th and September 24th Public Meetings
9. Review of WCA EMS Session
10. Vote to dissolve EMS Working Group
11. Adjourn

A quorum of any Jefferson County Committee, Board, Commission, or other body, including the Jefferson County Board of Supervisors, may be present at this meeting.

Individuals requiring special accommodations for attendance at the meeting should contact the County Administrator 24 hours prior to the meeting at 920-674-7101 so appropriate arrangements can be made.

JEFFERSON COUNTY EMS WORKING GROUP

MINUTES

September 9, 2026

Jefferson County Courthouse

311 S Center Ave Lake Koshkonong Rm, C2063

Jefferson, WI 53549

1. Call To Order

Bruce Degner called the meeting to order at 9:00 a.m.

2. Roll Call

EMS Working Group Members Present in Person: Bruce Degner, Jenifer Quimby, Bruce Peterson, Travis Maze, Dwayne Morris, Laura Payne, Tanya Reynen, John Kannard, Drake Daily, Kim Cheney

EMS Working Group Members Present via Teams: Ron Wegner, Kyle Ellefson

Others Present via Teams: Abigail Karbusicky, Sarana Stolar

Others Present: Walt Christensen, Danielle Thompson, Jess Holmes

3. Certification of Compliance to Open Meeting Law

Degner certified compliance

4. Review Agenda

Motion by Kannard, seconded by Morris to approve agenda as written. Motion passed

5. Public Comment

None

6. Communications

None

7. Approval of August 12, 2026, Meeting

Draft minutes were provided for review

Motion by Morris to approve, seconded by Kannard. Motion carried

8. Review of September 1, 2026 Finance Committee Meeting

Degner gave a recap of the meeting adding that the Finance Committee would like the group to establish a more detailed plan in order to move forward on funding

9. Review of September 8, 2026 County Board Meeting Presentation

Degner, Morris, Quimby communicated that the discussion was well presented and helped inform the County Board of Supervisors

10. Discussion on the September 17 and September 24 Public Meetings

Discussion was held on preparing for how the public will respond to the presentations. Having the framework policy statement in place will be helpful

11. Discussion and Possible Action on Policy Statement

Peterson introduced a policy statement for review. Suggestions were taken into account, and a final draft will be presented at the next meeting.

Motion to suspend all other agenda items until next meeting by Morris, seconded by Daily.

Motion passed

12. Discussion and Possible Action on Future Goals of EMS Working Group and Implementation of Funding Request

Suspended until the next meeting

13. Discussion and Possible Action on EMS Working Group Future Design

Suspended until next meeting

14. Discussion on Next Steps, Timeline, and Other Miscellaneous Matters

Suspended until next meeting

15. Discussion and Possible Action on Tentative Future Meeting Dates and Agenda Items

Suspended until next meeting

Motion By Wistrom to add an EMS Working Group Meeting on Friday, September 11 at 12:00 p.m. to finish agenda items and review final policy statement recommendations, seconded by Morris. The meeting will be held in the Lake Koshkonong conference room and will be available through Teams

16. Adjourn

Motion by Peterson to adjourn, seconded by Quimby at 11:27 a.m.

JEFFERSON COUNTY EMS WORKING GROUP

MINUTES

September 11, 2026

Jefferson County Courthouse

311 S Center Ave Lake Koshkonong Rm, C2063

Jefferson, WI 53549

1. Call To Order

Bruce Degner called the meeting to order at 12:05 p.m.

2. Roll Call

EMS Working Group Members Present in Person: Bruce Degner, Jenifer Quimby, Bruce Peterson, Dwayne Morris, Drake Daily, Kyle Ellefson

EMS Working Group Members Present via Teams: Ron Wegner, Tanya Reynen, Dr. Chris Wistrom, Laura Payne

Others Present: George Jaeckel, Amy Johnson, Matt Zangl, Michael Luckey, Danielle Thompson, Jess Holmes

3. Certification of Compliance to Open Meeting Law

Luckey certified compliance

4. Review Agenda

Motion by Daily, seconded by Ellefson to approve agenda as written. Motion passed

5. Public Comment

None

6. Communications

None

7. Approval of September 9, 2026, Meeting

Draft minutes were not complete at this time. Will review at the next meeting.

8. Discussion and Possible Action on EMS Working Group's Final Report & Recommendations

Peterson presented the updated draft of the policy recommendation, which was originally exhibited at the Wednesday, September 11 meeting. It was read over and minor edits were made. The group suggested replacing the completed EMS Working Group to create an EMS Commission consisting of 5 members focused on administration, accountability, and annual reporting.

9. Discussion on September 17 and September 24 Public Meetings

Luckey plans to host both meetings as planned. Input from county residents is needed.

September 17, 7:00 p.m. Jefferson County Courthouse, Lake Koshkonong Conference Room.

September 24, 7:00 p.m. Watertown Fire Department.

10. Discussion and Possible Action on Policy Statement

A motion to adopt the recommendation policy by Peterson, seconded by Quimby. Roll call vote: Ayes 7 (Daily, Degner, Ellefson, Morris, Peterson, Quimby, Reynen) Unanimous. Motion carried

11. Discussion on Next Steps, Timeline, and Other Miscellaneous Matters

Luckey informed the group that the recommendation policy will be brought before all appropriate boards for approval

12. Discussion and Possible Action on Tentative Future Meeting Dates and Agenda Items

The group would like to reconvene once more on October 14, 2026, at 9:00 a.m. in Lake Koshkonong Room

13. Adjourn

Motion by Quimby to adjourn, seconded by Ellefson at 1:07 p.m.

DRAFT



Why Municipalities Are Turning to Counties for EMS:
What That Means for Your Budget

9:15 – 10:15 am



WCA 2026 ANNUAL CONFERENCE • KALAHARI CONVENTION CENTER

Why Municipalities Are Turning to Counties for EMS

What That Means for Your Budget

James Small

Rural EMS Outreach Program Manager, Wisconsin Office of Rural Health

Tuesday, September 22, 2026 | 9:15–10:15 a.m. | Africa 50

How We'll Spend the Next 45 Minutes

01

The Scope of the Problem

What the 2023 EMS Reliability Report tells us

02

Why This Is a Budget Problem

Reimbursement, levy limits, and rising costs

03

The County Advantage

Why counties are positioned to lead

04

What County Leadership Looks Like

Real models, real counties, real levy dollars

05

Budget Implications & Options

What this could mean for your county

06

Resources & Next Steps

No-cost help from WORH

A System Under Strain — In the Agencies' Own Words

41%

of EMS agencies had days last year
when they couldn't staff an
ambulance

78%

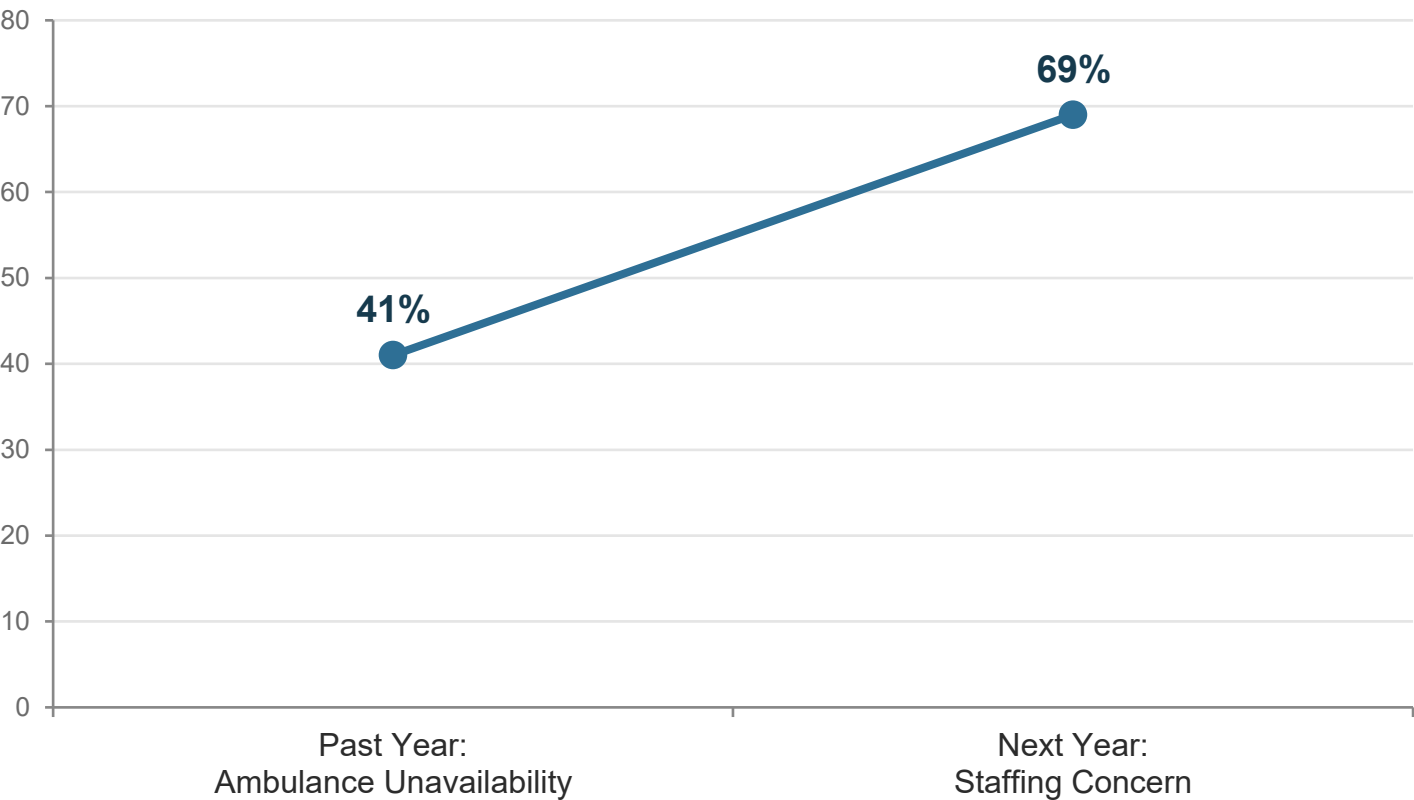
provided mutual aid to neighboring
communities that lacked the staff
to cover their own calls

69%

feared they won't be able to staff
their primary ambulance next year

The Trend Line Is the Story

The gap between what agencies experienced last year and what they fear next year signals a worsening trend — not a one-time dip.

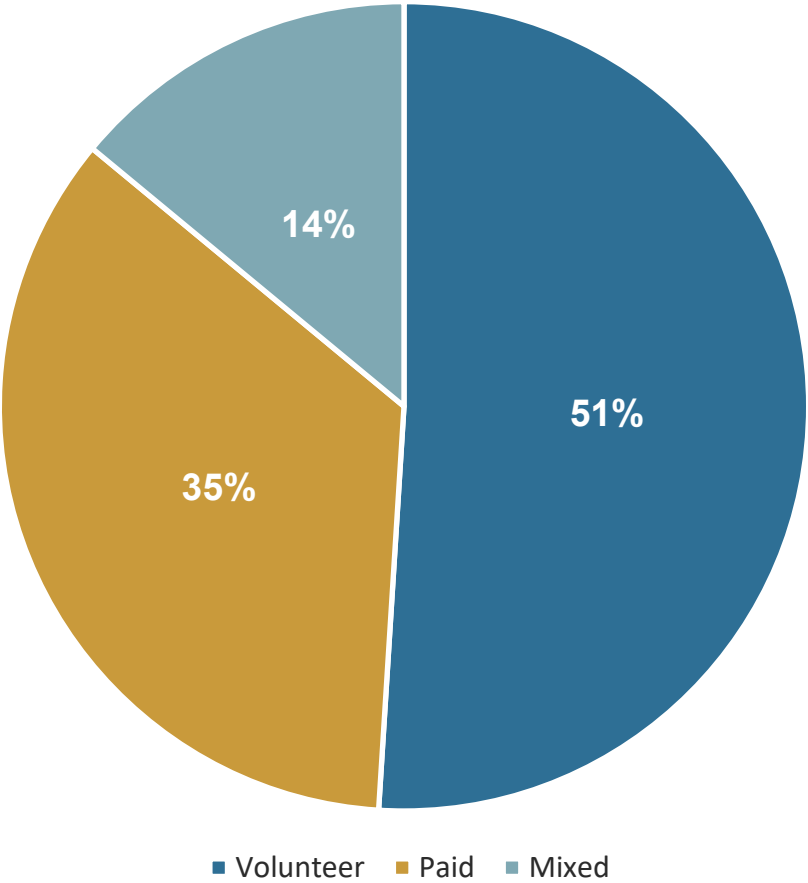


+28 pts

projected increase in staffing concern year over year

This isn't an anomaly — it reflects a statewide pattern of burnout, aging provider pools, and unsustainable volunteerism.

Over Half the System Runs on Volunteers



Volunteer-based EMS agencies are 4x more likely to report staffing gaps than paid-staff agencies.

63%
of volunteer agencies report staffing gaps

15%
of paid-staff agencies report the same

Rural and volunteer agencies are disproportionately dependent on a handful of individuals — this fragility puts entire communities at risk.

Defining the Volunteer Emergency Responder



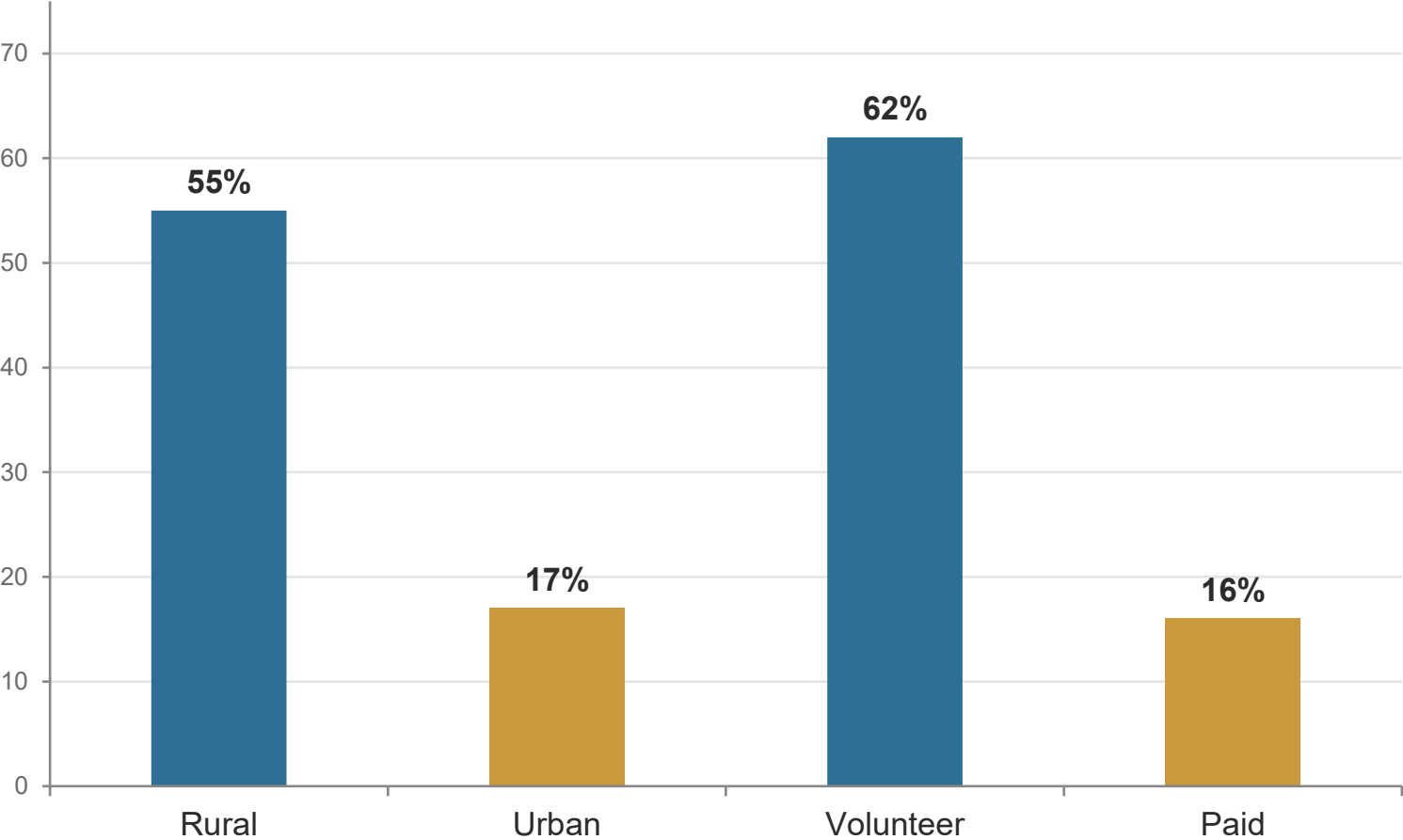
Real example: a coffee shop closes for the day because its owner is out on a fire call.

DEFINITION

A volunteer emergency responder is an individual who personally subsidizes the cost of emergency response — through uncompensated time, training, risk, and fundraising for equipment — so their community can receive service at a lower tax burden.

“...it wasn’t a hard decision once Jake got the call. We just had our 2nd baby 2 weeks ago and normally I could fill in at the shop, but I’m not quite ready for that much moving around.”

A Handful of People Are Carrying the System



Agencies Relying on ≤6 Staff for 80%+ of Calls



One person leaving can end a service

“One agency in our county has the same person running every single ambulance call. The minute she quits, that agency will fold.”

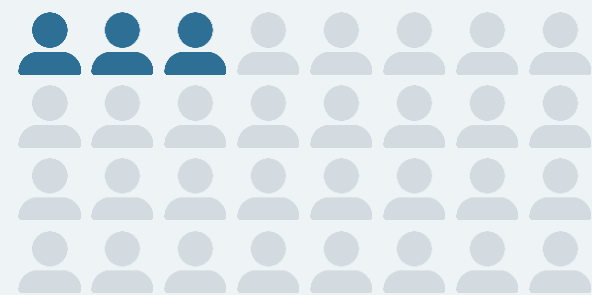
— EMS Service Director, WORH 2023 Reliability Report

Chippewa County: Same Story, Real Names on the Roster

An internal 2025 operational review of three eastern and northeastern Chippewa County ambulance services shows exactly what statewide averages predict.

Boyd-Edson-Delmar

EXTREME RISK

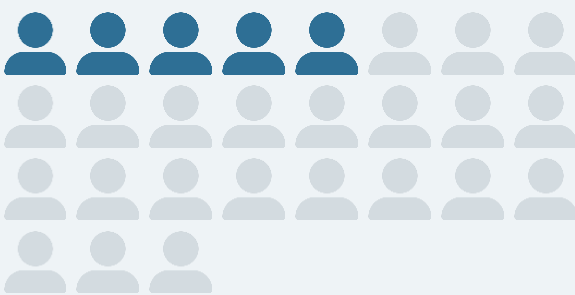


3 of 32 roster members provide 83.7% of all hours

Responder #16 alone logged 7,975 hrs — ~45% of the agency’s total output.

Cadott Community

HIGH RISK

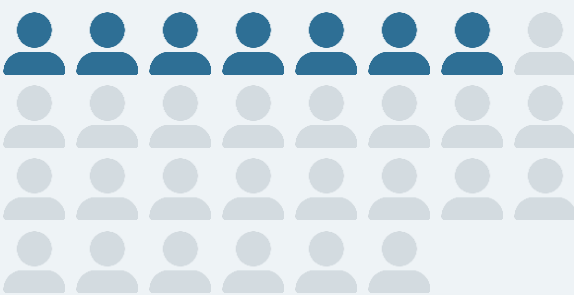


5 of 27 roster members provide 85.2% of all hours

Agency also runs a ~30% coverage gap against its 24/7/365 hour requirement.

Cornell Area

HIGH RISK



7 of 30 roster members provide 81.3% of all hours

One responder alone provided 18% of all agency hours in 2025.

Fewer than 15 people are sustaining EMS coverage across these three agencies — the fourth agency studied, Bloomer, meets its hour targets and its Chief credits a flat-rate on-call pay model.

Source: Chippewa County EMS Operational Data Analysis & Systemic Risk Report, 2025 (preliminary/unverified data, subject to revision)

The Workforce Behind the Numbers

Each figure below is the share of providers scoring in the severe range — not the share reporting any strain at all.

17.2%



1 in 6

reported very high stress

13.5%



1 in 7

reported very high emotional exhaustion

9.4%



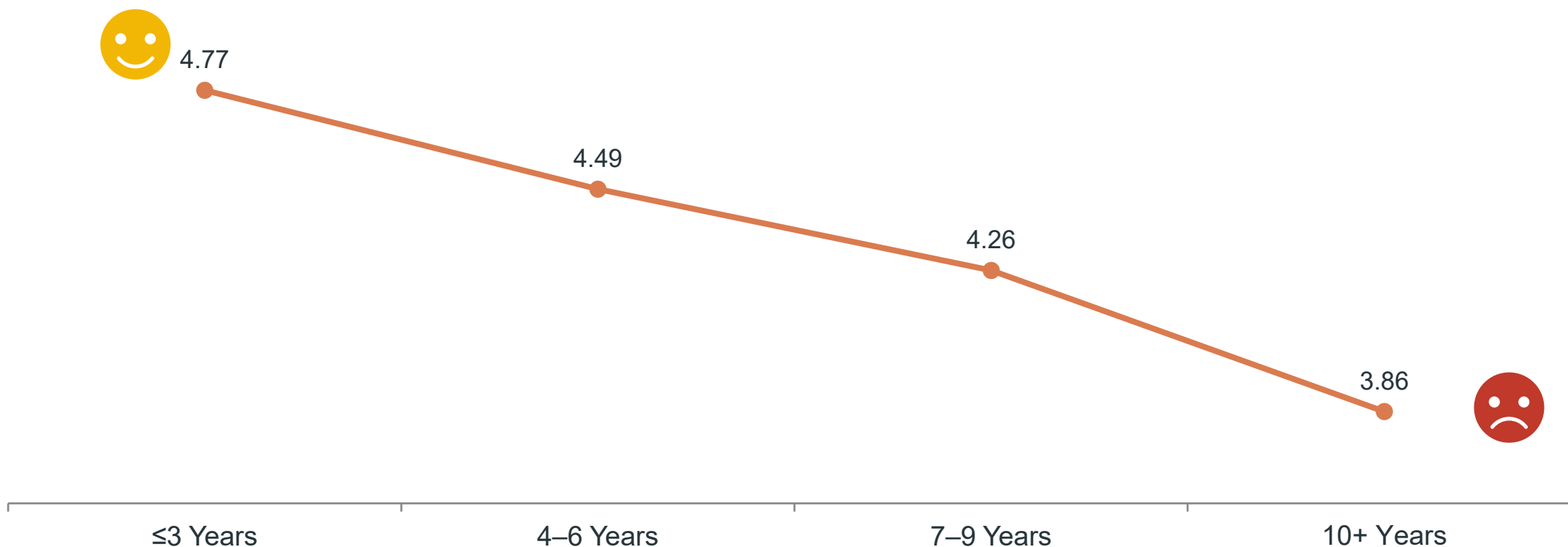
1 in 11

reported very high work-life conflict

Severe range = a score of 6 or 7 on a 7-point scale • Based on 887 Wisconsin EMS providers across 82 agencies, surveyed December 2024–February 2025 • Source: Badura & Tussing, Wisconsin Emergency Medical Services Leadership Survey Report, 2025

The Longer They Serve, The Harder It Gets

Average well-being index (inverse of exhaustion, stress, and work-life conflict), by years of agency tenure



~28%

decline in well-being from 3 years or less of service to 10+ years

~70%

of that total decline happens between year 5 and year 10 of service

Who’s Carrying the Heaviest Load

Well-being isn’t evenly distributed across the workforce — five subgroups consistently report more strain.

	Paid vs. Volunteer Providers	Paid providers report higher emotional exhaustion, stress, and work-life conflict than volunteers. Turnover intentions are similar for both.
	Managers vs. Non-Managers	Managers report higher exhaustion, stress, and work-life conflict than non-managers — with similar turnover intentions.
	Longer Agency Tenure	Exhaustion, stress, and work-life conflict all rise the longer a provider stays — driven mainly by non-managers; managers’ well-being holds steadier over time.
	Male vs. Female Providers	Male providers report higher exhaustion, stress, and work-life conflict than female providers, with similar turnover intentions for both.
	Degree vs. No Degree	Providers with a college degree report higher exhaustion, stress, and work-life conflict than those without — turnover intent is similar either way.

Source: Badura & Tussing, Wisconsin EMS Leadership Survey Report, 2025 (N = 887 providers, 82 agencies)

What EMS Providers Say Would Help

In open-ended responses, providers pointed to four categories of investment — several map directly onto what a county levy can fund.



Physical Wellness

- Gym/fitness membership reimbursements
- Nutrition and sleep training
- Grants for station gym equipment



Mental Health Support

- Peer support networks
- Critical incident stress management
- Easier, ongoing access to therapy



Career Growth

- Stronger onboarding for new hires
- More AEMT/paramedic classes in rural areas
- Leadership training — trained managers rate as more effective



Structural Changes

- Increased staffing levels
- Higher pay and pension
- Dedicated wellness time; PTSD workers' comp coverage

Source: Badura & Tussing, Wisconsin EMS Leadership Survey Report, 2025 — open-ended wellness suggestions (N = 887 providers, 82 agencies)

We Can't Recruit Our Way Out of This

Wisconsin licensed 13,574 new providers in a decade and the roster still didn't grow. The losses happen after people are trained.

13,574

NEWLY LICENSED

new EMS providers licensed in Wisconsin since 2014

47%

STILL LICENSED A DECADE ON

of the 18,958 providers licensed in 2014–2016 were still licensed in 2023–2026

1 in 4



FIRST-CYCLE LOSS

of newly licensed providers leave within a single license period

Average annual churn of 9.32% requires at least 1,638 newly trained responders each year to hold the workforce flat • Source: Wisconsin DHS EMS licensing data, 2014–2026

Why This Is a Budget Problem — Not Just a Staffing Problem



Insufficient Reimbursement

Medicare and Medicaid reimbursement doesn't cover the true cost of readiness — staffing an ambulance, not just running the call.



Levy Limits

Municipal levy limits constrain the ability to respond, even where there's political will to act.



Unsustainable Funding Sources

One-time grants and fundraisers mask structural gaps rather than solving them.



Rising Costs, Rising Calls

Inflation and increased call volume are outpacing revenue growth in most agencies.

~30%

of EMS agencies say their current financial resources won't cover next year's projected costs.

When a municipal EMS service fails, the call doesn't stop coming.

It becomes someone else's problem — usually a neighboring town or county through mutual aid, and eventually the county through cost-shifting.

That's the fiscal exposure behind the staffing numbers — and why this is now a county budget conversation.

SEGMENT 3

The County Advantage

MANY TOWNS, VILLAGES, and CITIES

- Part-time clerks and volunteer boards
- Limited fiscal tools and staff capacity
- Deeply committed — but stretched thin
- Limited bandwidth for complex funding, staffing, and regulatory challenges

COUNTY GOVERNMENT

- **Unlimited tax levy authority to establish and operate a countywide EMS system — exempt from the standard county levy limit**
- Dedicated finance staff and fiscal sophistication
- Professionalized emergency management offices
- Established relationships with state agencies and regional coalitions
- Experience managing multi-jurisdictional services (public health, human services, transportation)

Coordinating and supporting EMS across municipal boundaries — not replacing local control.

Five Ways Counties Structure Their EMS Levy

Wisconsin’s 14 levy counties break into five recurring patterns — there is no single “correct” model.



Theme 1

Full Vertical Integration

County owns & operates



Theme 2

Owns Assets, Contracts Staff

Equipment owned, workforce contracted



Theme 3

Contracts Countywide Coverage

No ownership — purchased-service agreements



Theme 4

Hybrid Operation + Cost-Share

County runs a hub, funds the rest

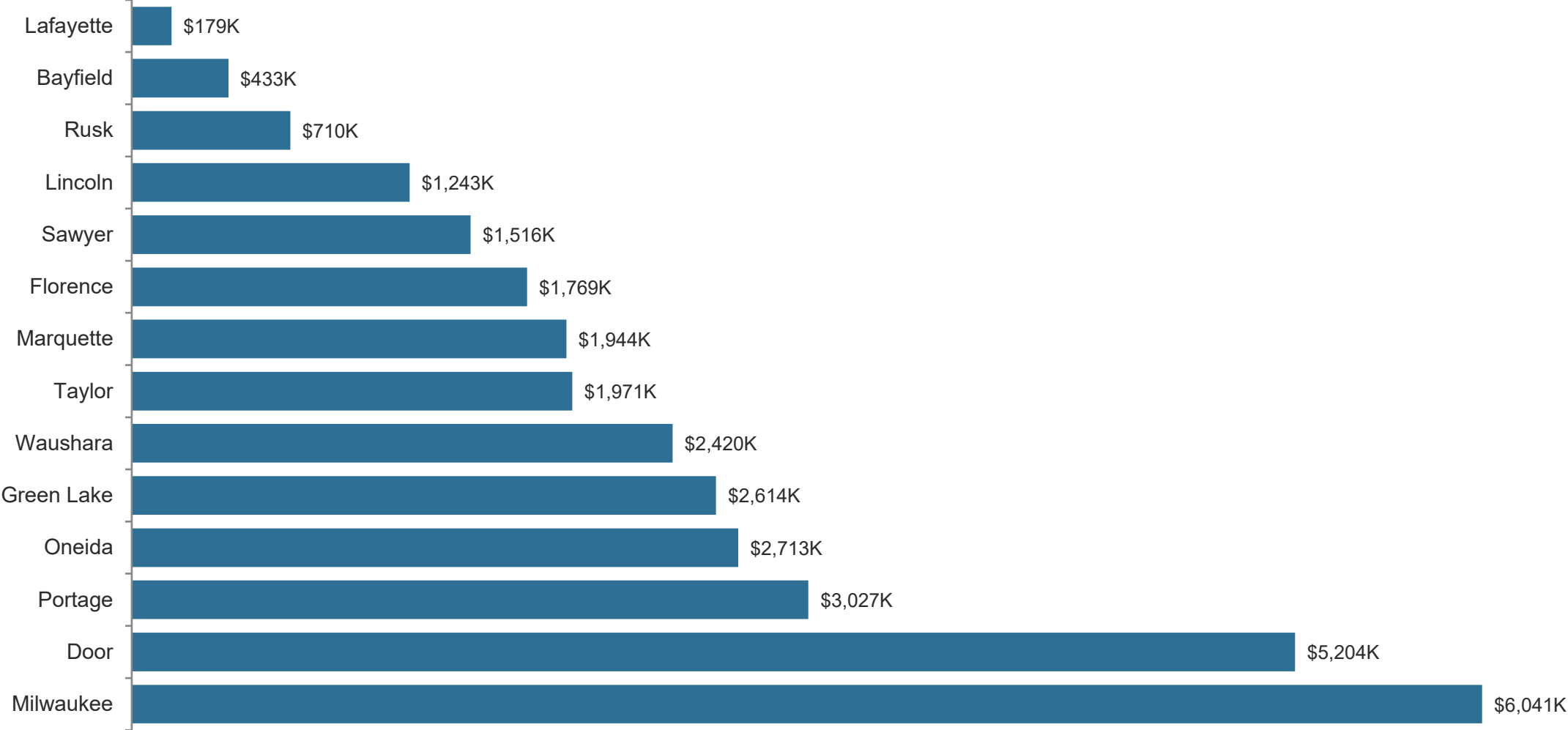


Theme 5

Coordination & Capacity-Building

Stipends, coordination, training/data

2026 EMS Levy Amounts, by County



How Much Does the County Own and Run?



THEME 1

Full Vertical Integration

County owns the equipment and directly employs the staff — EMS runs as a county department.

COUNTIES

- Door — \$5,204,168
- Waushara — \$2,419,742
- Marquette — \$1,944,428
- Florence — \$1,768,966*
- Sawyer — \$1,516,075
- Rusk — \$709,673

Spans the full size range, Rusk to Door. *Florence converted after a volunteer collapse (past 5 yrs).



THEME 2

Owns Assets, Contracts Staff

County keeps capital ownership of ambulances and equipment while contracting out staffing and operations.

COUNTIES

- Oneida — \$2,712,845
- Portage — \$3,027,369
- Taylor — \$1,970,966

Separates capital cost from workforce management — county funds and owns, a contractor handles HR and scheduling.



THEME 3

Contracts Countywide Coverage

No county ownership at all — the levy funds purchased-service agreements with existing providers.

COUNTIES

- Green Lake — \$2,613,800
- Lincoln — \$1,242,949

Likely the lowest-friction entry point for a county with no appetite to become an operator or employer.

Other Structures Counties Use



THEME 4

Hybrid: Operation + Cost-Share

County runs its own ambulance in the county seat, then distributes levy funds to other municipalities per-capita.

COUNTIES

Lafayette — \$178,524

Smallest levy in the dataset — proof a county doesn't need a large levy to be the funding backbone.



THEME 5

Coordination & Capacity-Building

County funds coordination and support infrastructure rather than owning or contracting service delivery.

COUNTIES

Bayfield — \$433,122

Milwaukee — \$6,040,933

Bayfield is a live, in-progress example (expanding for 2027); Milwaukee shows the model scales up too.

All 14 Counties — 2026 Levy & Model

County	2026 Levy	Model
Milwaukee	\$6,040,933	Support infrastructure (training, medical direction, data, paramedic funding)
Door	\$5,204,168	County-owned & operated
Portage	\$3,027,369	Owns equipment, contracts fire depts. countywide
Oneida	\$2,712,845	Owns equipment, contracts staffing
Green Lake	\$2,613,800	Contracts with services countywide
Waushara	\$2,419,742	County-owned & operated
Taylor	\$1,970,966	Owns equipment, contracts services
Marquette	\$1,944,428	County-owned & operated
Florence	\$1,768,966	County-owned & operated (converted post-collapse)
Sawyer	\$1,516,075	County-owned & operated
Lincoln	\$1,242,949	Contracts with two entities countywide
Rusk	\$709,673	County-owned & operated
Bayfield	\$433,122	EMS coordinator + stipends (expanding for 2027)
Lafayette	\$178,524	Hybrid: county-run Darlington + per-capita elsewhere

F.O.R.W.A.R.D.: What Rural EMS Sustainability Requires

Everything shown so far — the data, the workforce strain, the levy models — maps onto one statewide framework for what sustainability actually requires.

	Funding	Sustainable, recurring financial support for operations & equipment.
	Organization	Clear governance, schedules, & defined roles for all responders.
	Reliability	Continuous 24/7 staffing & regional collaboration to ensure coverage.
	Workforce	Recruitment, training, & retention strategies to build a stable EMS team.
	Accountability	Transparent reporting to municipalities & communities.
	Resilience	Wellbeing programs & supportive culture to sustain responders.
	Development	Ongoing quality improvement, community partnerships, & skill growth.

Source: Wisconsin Office of Rural Health, “Moving Wisconsin EMS F.O.R.W.A.R.D.” framework

What Sustainability Requires — and Where Counties Fit

One framework, two columns: what rural EMS sustainability requires, and the county lever that addresses it.

	WHAT SUSTAINABILITY REQUIRES	WHERE COUNTY LEADERSHIP FITS
 Funding	Sustainable, recurring financial support for operations & equipment.	Direct levy funding, outside-the-levy dollars, or per-capita cost-sharing.
 Organization	Clear governance, schedules, & defined roles for all responders.	Countywide coordination, shared administration, and standardized scheduling.
 Reliability	Continuous 24/7 staffing & regional collaboration to ensure coverage.	Countywide or regional service districts guaranteeing 24/7 coverage.
 Workforce	Recruitment, training, & retention to build a stable EMS team.	Fund training centers, certification programs, apprenticeships, and wellness.
 Accountability	Transparent reporting to municipalities & communities.	Centralized data and reporting back to municipalities.
 Resilience	Wellbeing programs & supportive culture to sustain responders.	Peer networks, critical incident stress management, and wellness time.
 Development	Ongoing quality improvement, partnerships, & skill growth.	Convene regional partnerships and fund ongoing quality improvement.

Framework source: Wisconsin Office of Rural Health, “Moving Wisconsin EMS F.O.R.W.A.R.D.”

Budget Implications & Options for Your County



Inside vs. Outside the Levy

Weigh levy-limit exposure against long-term funding predictability.



Phased Approaches

You don't have to go from zero to fully countywide — technical assistance and shared services are lower-lift starting points.



A Cross-Departmental Investment

EMS ties into public health, human services, emergency management, and workforce development — widening the funding conversation.



Know Your Local Data

Call volume, staffing model, mutual aid frequency, and projected cost gap — the starting point for any local conversation.

Five Things to Take Home

Five actions any county, town, village, or city board can start on — each one advancing a F.O.R.W.A.R.D. pillar.

ADVANCES

	Clarify Responsibility	Confirm who is legally responsible for providing ambulance service in every part of your county.	Organization · Accountability
	Assess Current Coverage	Review response times, staffing depth, mutual-aid frequency, and overall service reliability.	Reliability · Accountability
	Strengthen Local Partnerships	Bring counties, towns, villages, cities, EMS agencies, and emergency management to the same table.	Organization · Development
	Plan for Sustainability	Address long-term staffing, funding, leadership, and operational needs — not one-time fixes.	Funding · Workforce
	Take Action and Seek Support	Identify concrete next steps and what help you need from WORH, the state, or neighboring counties.	Development

Framework alignment: Wisconsin Office of Rural Health, “Moving Wisconsin EMS F.O.R.W.A.R.D.”



LOOKING FOR ASSISTANCE?

The Wisconsin Office of Rural Health provides no-cost technical assistance

to help EMS agencies and their local governments navigate reliability and sustainability challenges — including modeling what a levy, contract, or coordination model could look like for your county.

James Small

Rural EMS Outreach Program Manager

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worh.org/ems

Wisconsin Office of Rural Health · UW–Madison School of Medicine and Public Health