

## Appendix J

### HELP WANTED!

*Wisconsin's Ambulance Services are calling 9-1-1 requesting help with a statewide crisis!*

Wisconsin's Emergency Medical Services have long been piecing things together and relying heavily on volunteers. A new survey by the Office of Rural Health confirms that the system risks collapse:

- 41% of EMS services in Wisconsin are staffed by 6 or fewer people, with **21% of services being run by 2-3 STAFF MEMBERS**. The loss of a single member can cause the ambulance service to close their doors. If they close, their calls must be absorbed by nearby services, already struggling to keep their doors open.
- 29% of the EMS services do not have adequate funding to operate through 2023. That's **one-third of Wisconsin services that will run out of money this year**.

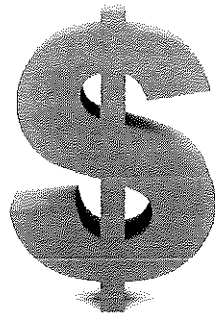
Headlines across Wisconsin report on ambulance services unable to respond to 9-1-1 calls, closures of long-time EMS services, and municipalities struggling to secure reliable ambulance service.

According to the Wisconsin Office of Rural Health's survey, in the past 12 months:

- 41% of ambulance services reported that they had open periods in their schedules where they were unavailable to respond to a single 9-1-1 call. They relied on neighboring services to ensure that citizens received ambulance service.
- But there's a cost to this reliance - 78% reported running a call for a neighboring service due to low staffing, which places their ambulance(s) out of reach for their own communities.
- In the worst-case scenario, Wisconsin citizens in at least 10 communities **placed a 9-1-1 call in which an ambulance never arrived** —because there was not a staffed ambulance to send.

Without significant intervention, reliability of the system will continue to rapidly decline:

- 33% of services that staff multiple ambulances report that they placed some of their ambulances out of service due to lack of staffing.



## BUDGET, STAFFING, & TAX LEVY

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Included with this Report is a Sample Budget Template that provides a general idea of the potential income & expenses and Tax Levy that would be related to this new EMS model. Also included for consideration with the Budget Template are the additional potential income/expenses to consider for the implementation of an Intercept and Community Paramedic program.

The Sample Budget Templates in Appendixes D, E, and F reflect staffing one ambulance 24-hours a day with full-time staff; and one ambulance 24-hours a day with part-time staff (including the Service Director filling in hours during the daytime schedule each week). A third ambulance that can be staffed with paid-on-call/paid-per-call volunteers is also included in the Budget.

If the ambulances are staffed with at least one (1) ALS provider, the Service can choose to participate in programs that would generate additional revenue, including performing Legal Blood Draws and responding to Intercept requests. As well, the Service could contract with various entities to perform Community EMS functions within the District (*County*). The anticipated income/revenue from those two options is included in the Sample Budget Template.

The full-time staff can be scheduled to work 24-hours on, and 48-hours off, on a rotational shift basis. The employee would work a total of 2,912 hours a year, which is more than the traditional 2,080 hours worked at a 9 to 5 job. This implies that any hours worked over 40 hours in a given week would need to be paid at time-and-half. Only six (6) FTE's would be needed to staff an ambulance for the entire year with this configuration.

It should be noted that the proposed staffing configuration in this Report requires less personnel per 24-hour period (2 full-time + 1 part-time + 1 Service Director + 2 volunteers = 6 staff) as compared to what is currently required with the four ambulance services providing coverage in a 24-hour time period (2 volunteers x 4 services = 8 staff).

There are a few ambulance services in Wisconsin that have lower call volumes, and a younger workforce that are modifying the traditional A/B/C shift schedule. They have a schedule in which the staff work 48-hours (2 days) in a row, followed by 96-hours (4 days) off. This seems to be advantageous for employees that travel from a farther distance to work at the ambulance service.

Another variation to scheduling 24-hour shifts (or 48-hour shifts) is that the ambulance service schedules 12-hour shifts for the crews to work. This implies that twelve (12) FTE's would be needed, in order to cover all the shifts in a given year. Depending on the workforce in the area, it may be easier to find staffing to cover the shorter shifts each day, as compared to a 24-hour or a 48-hour shift.

During the transition to the District Ambulance Service model, it is anticipated that there will be different employees that will want to work a variety of shift schedules. Some will want to work the 24-hour shift; some will want to work the 12-hour shift; and some will want to fill a volunteer (paid-on-call/paid-per-call) shift. The key will be to remain flexible in scheduling the shift hours.

Salaries and wages for EMS have traditionally been quite low. With the recent changes in the workplace setting (Post-COVID) competitive wages across the board have steadily increased. In order to remain competitive in the current marketplace, the consultants recommend the following salary and wages—which are reflected in the Sample Budget Templates.

- Salaried Service Director – \$87,360 annually
- Full-time Paramedic / Community Paramedic – \$25.00 per hour
- Full-time EMT – \$18.00 per hour
- Part-time EMS provider – \$15.00 per hour
- Volunteer EMS provider – \$65.00 per call

#### Tax Levy

There are two (2) different taxing methods that the District (*County*) can utilize with regards to a Tax Levy. There are no specific requirements on which method can / should be used for the District (*County*) Ambulance Service. Typically, a method is chosen due to the optics or perceived impact that it has, related to the taxpayers. The two (2) methods are:

1. Per capita – this is the amount that it costs per year, per person, for a Municipality to provide a specific service, such as EMS to the Community. Once the total budget is determined (after calculating for revenue and expenses) the difference between the revenue that is generated and the expenses that are incurred is considered the Tax Levy. The Tax Levy is then divided by the population in the District (*County*) to determine the Per capita rate.

2. Equalized value – Municipalities can set mill rates based on the total value of property within their jurisdiction. The mill rate is a tax rate based on the amount of tax payable per dollar of the assessed value of a property. Property taxes are then calculated by multiplying the mill rate with the value of the property, in order to cover the expenses related to the services that are provided by the municipality.

The Budget Templates that are provided in Appendices D, E, and F, are based on full-time staff working 24-hour shifts, which would include time-and-a-half for any hours worked over 40 hours in a given week—along with associated Benefits. The predicted Tax Levy for the proposed District Ambulance Service would be between \$972,461 and \$999,386—depending on if the options to perform Intercepts and to participate in the Community Paramedic program are implemented.

Those numbers are not too far off from the numbers that were presented in 2019, in a meeting of the Vilas County Paramedic/EMS ad hoc committee—in which the proposed operational budget to maintain just one (1) ALS ambulance was presented at \$758,000. The proposed Budget in this Report is reflective of two (2) staffed rigs 24/7/365, plus a third optional rig staffed by volunteers.

There may be “sticker-shock” when thinking about close to a million-dollar a year tax levy for an Ambulance Service. However, when considering the Total Equalized Value taxing method, dividing \$1,000,000 by the total equalized value of the four Townships of \$2,407,487,000, it results in a valuation of \$0.4153 per \$1,000. That equates to a tax levy of \$41.53 per \$100,000 of property value. The Townships will need to determine if that is a reasonable amount to spend, in order to maintain a viable and sustainable Ambulance Service in their communities.

Some may say that with such a high price tag related to providing a viable and sustainable Ambulance Service, that the Townships should just “get out of the ambulance business”. However, that is not an option. Wis. Stat. § 60.565 is very clear that Townships are REQUIRED to either contract for, or operate and maintain an Ambulance Service. In today’s environment, it is cheaper to operate and maintain an Ambulance Service, than it is to contract for Ambulance Service from another entity.



## CONCLUDING STATEMENTS

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It is important to understand that this Report addresses a number of topics that were initially highlighted as areas of concern, by those that participated in the Study process. There will continue to be other topics within the EMS System that will require additional attention. Some of those items will be rectified as each of the individual EMS Services considers the recommendations and decides to implement those ideas that will address their needs as an agency—and that will move them in a positive direction, structure, and model for EMS in the future.

In as much as a review of this type is not intended to please everyone within a governmental organization, the intent is to provide the most effective recommendations as observed from the outside looking in. Many of the topics dealt with in this review have been debated for years. There have been internal and external recommendations during that time. Asking the same questions, in hopes that an entity will eventually hear the answer that they think they want, is a frustrating and often futile process to solving issues.

As with any Study from an outside agency, the information can be overwhelming and seem as though the tasks necessary for change are unattainable. The goal of **Strategic Management & Consulting, LLC** is to provide you with realistic recommendations. The Recommendations given in the Report are practical and achievable goals. With due diligence, they can be implemented to assure a viable and sustainable EMS system within your communities.

Understanding that most organizations can barely keep up on a day-to-day basis, we are prepared to offer an implementation management services agreement to assure that recommendations will have a better opportunity for being completed.

We wish the Townships and EMS Services of Boulder Junction, Manitowish Waters, Presque Isle, and Winchester the best, as they commit to working on a new model of providing high quality EMS to the residents and visitors of their communities.

## Appendix D

<b><u>Sample Budget Template</u></b>	<b>One Full-time Unit; One Combination Unit; One Volunteer Unit</b>	<b>Intercepts &amp; Community Paramedic Program</b>
<b>Income / Revenue</b>		
Ambulance Fees / Intercepts	462,500	30,000
Blood Draws	0	10,000
Community EMS	0	10,000
Funding Assistance Program (FAP)*	10,000	0
Other Grants	10,000	0
Donations	10,000	0
<b>Sub-Total Income / Revenue</b>	<b>492,500</b>	<b>50,000</b>
<b>Minus Accepting Assignment / Write-offs at 50%</b>	<b>231,250</b>	<b>0</b>
<b>Total Income / Revenue</b>	<b>261,250</b>	<b>50,000</b>

\*According to the updated parameters of the FAP Grant, these funds can only be used for "unbudgeted items" not related to the approved Budget.

## Appendix E

<b><u>Sample Budget Template</u></b>	<b>One Full-time Unit; One Combination Unit; One Volunteer Unit</b>	<b>Intercepts &amp; Community Paramedic Program</b>
<b><u>Expenses</u></b>		
Administrative Wages	87,360	0
Field Staff Wages	679,192	0
Payroll Taxes (SS/FICA)	58,641	0
Wisconsin Retirement System (WRS)	68,201	0
Employee Insurance Benefits	131,304	0
<b>Sub-Total Wages &amp; Benefits</b>	<b>1,024,698</b>	<b>0</b>
Staff Continuing Education	2,000	500
Public Relations	1,000	250
Vehicle Maintenance and Repairs	4,500	1,500
Medical / Operating Supplies	7,500	2,500
Employee Hiring / Recruitment / Awards	1,000	0
Uniforms	5,000	0
Fuel	8,500	1,200
Building Rents & Leases	12,000	0
Utilities	12,500	0
Postage	500	25
Insurance for Vehicles and Worker's Comp	12,500	2,500
Professional Services	7,500	0
Billing Services	16,188	3,500
Service Contracts	1,000	0
Office Supplies	500	0
Other Expenses	2,500	500
Information Technology (IT)	2,250	750
Phones, Pagers, & Office Equipment	2,250	100
Small Equipment	5,000	1,000
Small Equipment - Maintenance & Repair	1,750	250
Graphics / Logo Changes	5,000	1,000
Funding Assistance Program (FAP)*	10,000	0
<b>Sub-Total Expenses</b>	<b>\$120,938</b>	<b>\$15,575</b>

\*According to the updated parameters of the FAP Grant, these funds can only be used for "unbudgeted items" not related to the approved Budget.

## Appendix F

<b><u>Sample Budget Template</u></b>	<b>One Full-time Unit; One Combination Unit; One Volunteer Unit</b>	<b>Intercepts &amp; Community Paramedic Program</b>
<b><u>Capital / Reserve / Tax Levy</u></b>		
Capital Equipment (Cot system; Heart monitors)	10,000	2,500
Replacement Ambulance or Intercept Vehicle	45,000	5,000
Reserve Funding	60,000	0
<b>Sub-Total Capital Expenses</b>	<b>\$115,000</b>	<b>\$7,500</b>
Total Wages & Expenses & Capital	\$1,260,636	\$23,075
Total Income / Revenue	\$261,250	\$50,000
<b>Total</b>	<b>-\$999,386</b>	<b>\$26,925</b>
<b>EMS Tax Levy (separate from Intercepts / CP)</b>	<b>\$995,386</b>	<b>\$0</b>
<b>EMS Tax Levy (combined with Intercepts / CP)</b>	<b>\$972,461</b>	